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SAN FRANCISCO



Bixby Center for Reproductive
Health Research
& Policy

Family PACT Program Report FY 04/05

Family PACT

Planning • Access • Care • Treatment

Family PACT Program Report Fiscal Year 04/05

A report to the
State of California Department
of Health Services
Office of Family Planning

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This report was prepared by staff of the Bixby Center for Reproductive Health Research and Policy in the Department of Obstetrics, Gynecology, & Reproductive Sciences at the University of California, San Francisco.

Philip Darney, MD, MSc
Principal Investigator

Claire Brindis, DrPH
Co-Principal Investigator

Heike Thiel de Bocanegra, PhD, MPH
*Director, UCSF Family PACT
Program Support and Evaluation*

Michael S. Policar, MD, MPH
*Medical Director, UCSF Family PACT
Program Support and Evaluation*

Editor

Diane Swann

Primary Authors

Mary Bradsberry
Arash Ebrahimi
Michael Howell, MA

Contributors

Aileen Barandas, MSN
Megan Bowers
Marina Chabot, MSc
Joan Chow, MPH, DrPH
Jiantong (Jane) Guo, MS
Denis Hulett
Jaycee Karl
Carrie Lewis, MPH
Sandy Navarro
Mary Menz, PHN, BSN
Leslie Watts, MS

Support Staff

Mariah Crail
Tanya Farrar

Consultants and Contractors

Carol Wright Illustration & Graphic Design
Carol Wright
Electronic Data Systems
Richard Law
Richard Ramirez
Shantha Rao

Table of Contents

Introduction	1
1. Program Overview	2
2. Profile of Clinician Providers	5
3. Profile of Clients	7
4. Profile of Special Populations	10
a. Adolescents	10
b. Males	12
c. Target Counties	14
5. Service Utilization	15
a. Overview	15
b. Clinician Services	15
c. Drug and Supply Services	15
d. Laboratory Services	16
e. Other Reproductive Services	16
f. Pregnancy Testing Services	16
g. Fertility Evaluation Services	16
h. Cervical Cancer Screening and Dysplasia Services	17
i. Mammography Services	17
6. Contraceptive Services	18
a. Overview	18
b. Contraceptive Method Dispensed	20
c. Contraceptive Services for Female Clients	20
d. Contraceptive Services for Male Clients	22
e. Contraceptive Services for Adolescent Clients	23
f. Contraceptive Services by Provider Sector	23
g. Contraceptive Method Provision by Race/Ethnicity	35
7. Sexually Transmitted Infection Services	26
a. Overview	26
b. STI Test Utilization among Female Clients	27
c. STI Test Utilization among Male Clients	29
d. STI Test Utilization among Adolescent Clients	29
8. Reimbursement	30
a. Overview	30
b. Drug Rebates and Family PACT Reimbursement	32
c. Factors Affecting the Change in Reimbursement	33
d. Laboratory Services	34
e. Drug and Supply Services	34
f. Clinician Services	35
g. Reimbursement for Males vs. Females	35
h. Reimbursement for Adolescents vs. Adults	36
9. Family PACT Data by County	37
a. County Populations	37
b. Client Growth Rates	37
c. Client Demographics	38
d. Provider Sector	38
e. Reimbursement Patterns	38
f. Provision of Selected Family PACT Contraceptive Services	41
Conclusion	43

Introduction

The Family Planning, Access, Care, and Treatment (PACT) Program was established by the California legislature in 1996 and implemented in 1997 to provide family planning and reproductive health services at no cost to California's low-income residents of reproductive age. The program offers comprehensive family planning services including contraception, pregnancy testing and treatment, sterilization and limited fertility services as well as sexually transmitted infection (STI) testing and limited cancer screening services. By serving residents with a gross family income at or below 200% of the Federal Poverty Level (FPL) with no other source of coverage for family planning services, it fills a critical gap in health care. The program works in concert with State teen pregnancy prevention programs to achieve the following key objectives:

1. To increase access to publicly-funded family planning services for low-income California residents
2. To increase the use of effective contraceptive methods by clients
3. To promote improved reproductive health
4. To reduce the rate, overall number, and cost of unintended pregnancies

The Family PACT Program began as a state-funded program in 1997. Since December 1999 the federal government has complemented the program with funding through a Centers for Medicare and Medicaid Services (CMS) Section 1115 Demonstration Waiver.

The University of California, San Francisco (UCSF) through its Bixby Center for Reproductive Health Research & Policy (CRHRP), provides the California Department of Health Services, Office of Family Planning (OFP) with program support, monitoring, and evaluation for the Family PACT Program. Each year, the CRHRP produces this report to serve as a monitoring tool for OFP's administration of Family PACT.

This year's program report shows the five-year period between fiscal year (FY) 00/01 and FY 04/05. The goal of this document is to provide an overview of the eighth full fiscal year of the Family PACT Program as well as longitudinal trends. The report describes provider and client populations, how well the program meets the need for publicly-funded contraceptive services in the State, the types of services utilized, including contraceptive methods and STI screening, fiscal issues, and county profiles.

The data sources used in this report for FY 04/05 include client and provider enrollment data and claims paid for dates of service within FY 04/05. The claims data are based on claims paid as of December 31, 2005, six months after the last month of FY 04/05. These data are estimated to be 99% complete.¹

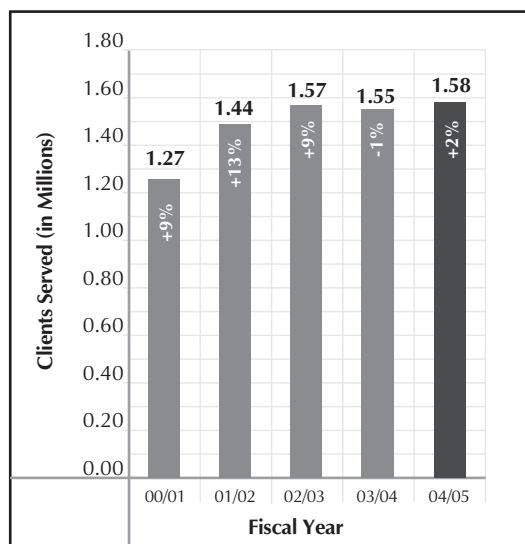
Two technical appendices to this report are available and can be found in the report library at OFP. Appendix I includes detailed information on data sources and methodology and Appendix II contains data tables that supplement the main text.

¹ Family PACT providers have six months from the date of service (DOS) to submit claims for maximum reimbursement for services rendered, but may continue to submit claims or resubmit initially rejected claims beyond that period. Claims lag analysis indicates that, while it takes approximately 18 months for claims for the average month of service to be 100% complete, more than 95% of the expenditures for a given month of service were processed and paid within seven months. Although data are estimated to be 99% complete overall, some types of data may be more complete than others. For example, due to differences in billing mechanisms, the claims lag for pharmacy expenses is much shorter than for other provider types. All data presented is based on date of service, not date of payment.

In its eighth full fiscal year of operation (FY 04/05), the Family PACT Program served 1.58 million women and men, an increase of 2% from the previous fiscal year. This follows a small decline in clients served in FY 03/04. See Figure 1-1. After rapid expansion in the early years of the program the growth in clients appears to have leveled off. Further growth depends upon reaching new clients, while retaining existing ones. Changes in the state's population among the age group served (defined as those of reproductive age up to age 55 for women and age 60 for men) and in need of publicly-funded family planning services also affect how much the number of clients can grow.

Figure 1-1

Growth in Number of Clients Served by Family PACT

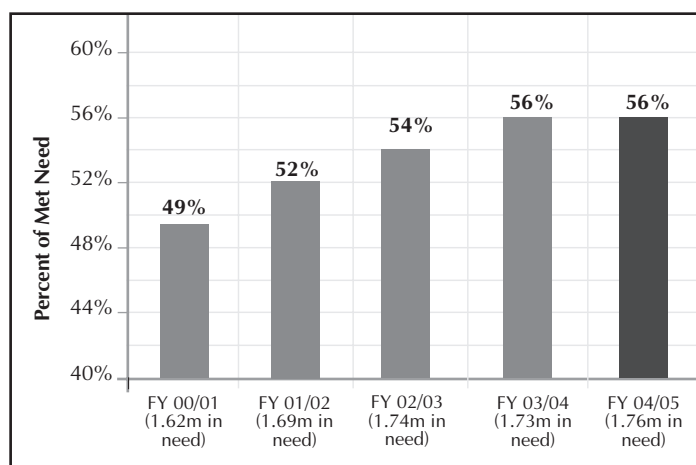


Source: Family PACT Client Enrollment and Claims Data

One of the major objectives of Family PACT's Program support is to assess the need for publicly-funded family planning services in California with a goal of increasing access to the program among low-income women and female youth ages 13-17 in need of these services.¹ Family PACT served 56% of the estimated 1.76 million women ages 13-44 who were in need of publicly-funded contraceptive services in FY 04/05. The percent of need met by the program increased between FY 00/01 and FY 04/05, albeit slowly. A three percentage point increase was observed between FY 00/01 and FY 01/02 after which growth slowed to an increase of two percentage points until FY 04/05 when percent of met need remained the same as the year before at 56%.² See Figure 1-2.

Figure 1-2

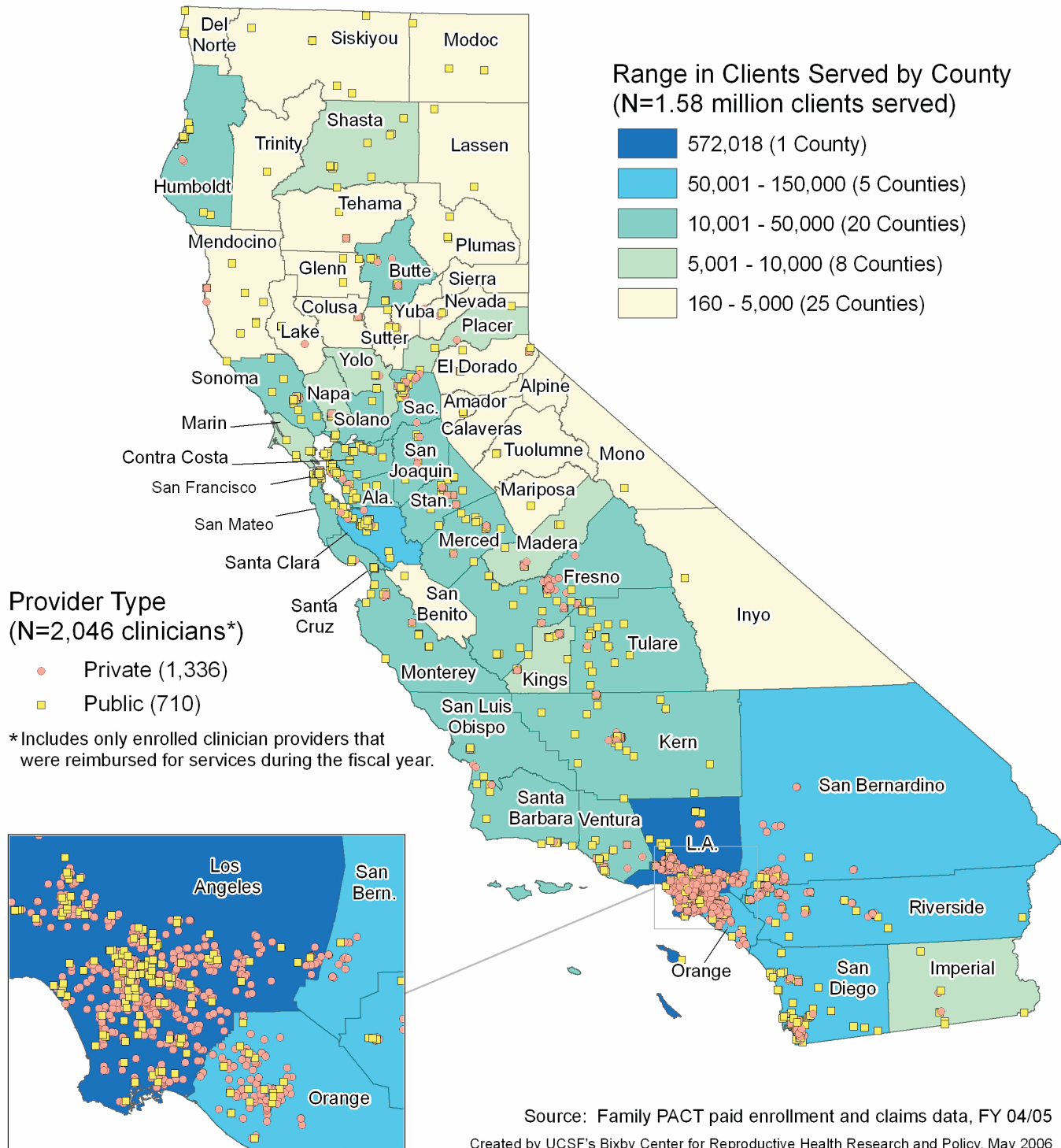
Percentage of California Women Ages 13-44 Whose Need for Publicly Funded Contraceptive Services Was Met by Family PACT



Sources: Current Population Survey, Department of Finance Projected Population for California, California Women's Health Survey, California Health Interview Survey, and Family PACT claims data.

- 1 Women are identified as being in need of publicly funded family planning if they are at risk of an unintended pregnancy and have incomes at or below 200% of the Federal Poverty Level. Women who are sexually active, able to become pregnant, and neither pregnant nor trying to become pregnant are considered at risk of unintended pregnancy. This methodology overestimates the need for publicly funded family planning to the extent that women may obtain these services through private health insurance or pay for these services themselves.
- 2 Percentages of met need by Family PACT have changed from the values presented in last year's report due to an adjustment applied to the denominator. This adjustment reflected the census undercounts of the population. For more detailed information see Appendix I.

Figure 1-3
Location of Providers by Provider Type and Range in the
Number of Clients Served in the 58 California Counties, FY04/05



Providers include clinicians, pharmacies and laboratories.

A total of 7,544 providers were reimbursed for services under the Family PACT Program in FY 04/05, up 1% from FY 03/04. This includes 2,794 clinician providers, 4,579 pharmacies, and 171 laboratories. Although clinician providers may be enrolled in Family PACT without delivering any services or may deliver services on a referral basis without being enrolled, the focus of this report is on those who were both enrolled and did deliver services, of which there were 2,046 in FY 04/05. Of the more than two thousand enrolled and delivering clinician providers approximately one-third were public providers and two-thirds were private providers. Figure 1-3 shows the distribution of these clinician providers throughout the state as well as the number of clients served by county. Clinician providers served 93% of all clients, pharmacies served 40%, and labs served 58%.³

While the number of pharmacies reimbursed for services continued to grow steadily, the number of clinician providers reimbursed for services declined. The number of labs increased for the second year in a row, following three consecutive years of decline. See Figure 1-4.

The 7,544 participating providers received a total reimbursement of \$416 million, a 1% increase from the previous fiscal year. See Figure 1-5. Though total reimbursement increased slightly in FY 04/05, average reimbursement per client served declined by 1% to \$263. Overall, the average reimbursement per client has remained steady over the last four years. See Figure 1-6.

Figure 1-4
Number of Providers Delivering Family PACT Services^a

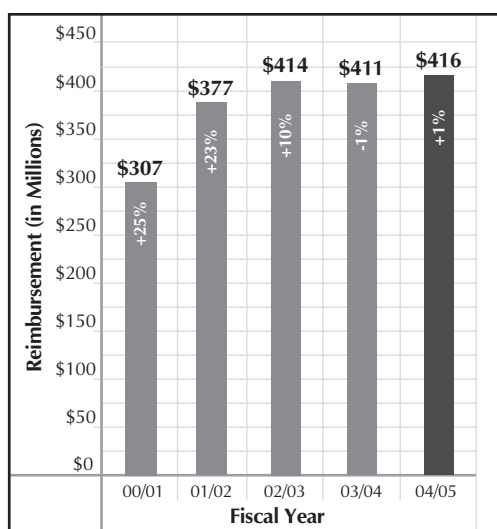
Fiscal Year	Clinician Providers						Pharmacies		Laboratories		Total Providers	
	Enrolled		Medi-Cal ^b		Total Clinician Providers							
	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY	No.	Increase over Previous FY
00/01	1,929	2%	567	-1%	2,496	1%	3,971	2%	200	-10%	6,667	1%
01/02	2,048	6%	657	16%	2,705	8%	4,158	5%	184	-8%	7,047	6%
02/03	2,121	4%	714	9%	2,835	5%	4,318	4%	159	-14%	7,312	4%
03/04	2,080	-2%	754	6%	2,834	0%	4,477	4%	163	3%	7,474	2%
04/05	2,046	-2%	748	-1%	2,794	-1%	4,579	2%	171	5%	7,544	1%

^a Delivering Family PACT services is defined as having been reimbursed for services through Family PACT during the fiscal year. Providers for whom all Family PACT claims have been denied are not designated as delivering providers.

^b Medi-Cal clinician providers who are not enrolled in Family PACT may provide Family PACT services by referral from an enrolled provider.

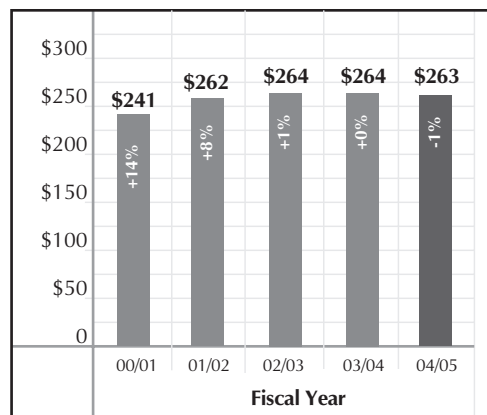
Source: Family PACT Provider and Claims Data

Figure 1-5
Total Provider Reimbursement for Family PACT Services



Source: Family PACT Client Enrollment and Claims Data

Figure 1-6
Average Reimbursement per Family PACT Client Served



Source: Family PACT Client Enrollment and Claims Data

³ Percentages add to more than 100% because clients may be served by clinician providers, pharmacies, and/or laboratories.

A total of 2,794 clinician providers were reimbursed for Family PACT services in FY 04/05. Of these, 2,046 (73%) were enrolled in the program for at least one day during the fiscal year.¹ The 2,046 enrolled clinician providers represent a decrease of 2% over the previous fiscal year, the second year in a row that the number of enrolled clinicians has declined. See Figure 2-1.

Figure 2-1

Trend in the Number of Enrolled Clinician Providers Delivering Family PACT Services

Fiscal Year	Provider Sector					
	Private		Public		Total	
	No.	Increase over Previous Year	No.	Increase over Previous Year	No.	Increase over Previous Year
00/01	1,307	0%	622	6%	1,929	2%
01/02	1,413	8%	635	2%	2,048	6%
02/03	1,454	3%	667	5%	2,121	4%
03/04	1,408	-3%	672	1%	2,080	-2%
04/05	1,336	-5%	710	6%	2,046	-2%

Source: Family PACT Provider and Claims Data

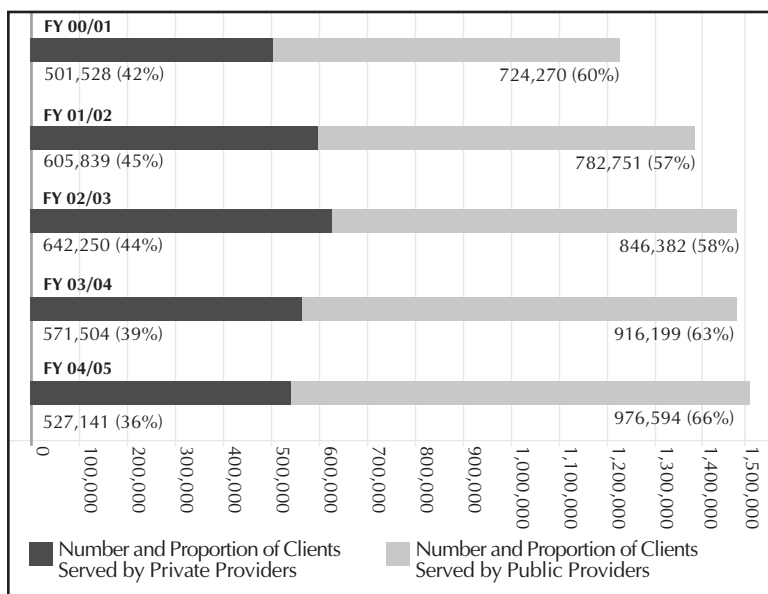
The remaining 748 providers (27%) reimbursed for services delivered were not enrolled in Family PACT, but provided services to Family PACT clients by referral from an enrolled Family PACT provider. These providers may deliver services a Family PACT provider cannot perform, such as sterilization, and may bill Family PACT even though they are not enrolled in the program. Since all clinician providers billing Family PACT must be enrolled in Medi-Cal these providers are referred to simply as “Medi-Cal” providers (as opposed to “enrolled” providers). Further discussion of providers in this report is limited to enrolled Family PACT providers because Medi-Cal providers typically serve only a small percentage of clients (4% in FY 04/05) and provide only occasional service.

The Family PACT Program provider network includes public and private sector clinician providers. Public clinician providers include governmental and non-profit organizations. Private clinician providers include physician groups, solo practitioners, and certified nurse practitioners among other private entities.²

In FY 04/05 private sector providers comprised 65% of all enrolled Family PACT providers, but served only 36% of all enrolled Family PACT clients. Public sector providers on the other hand served 66% of Family PACT clients, while comprising only 35% of all Family PACT providers.³ The percentage of clients served by private sector providers has been declining since FY 01/02 when it was 45%. See Figure 2.2.

Figure 2-2

Trend in the Number of Family PACT Clients Served by Enrolled Clinician Providers by Provider Sector



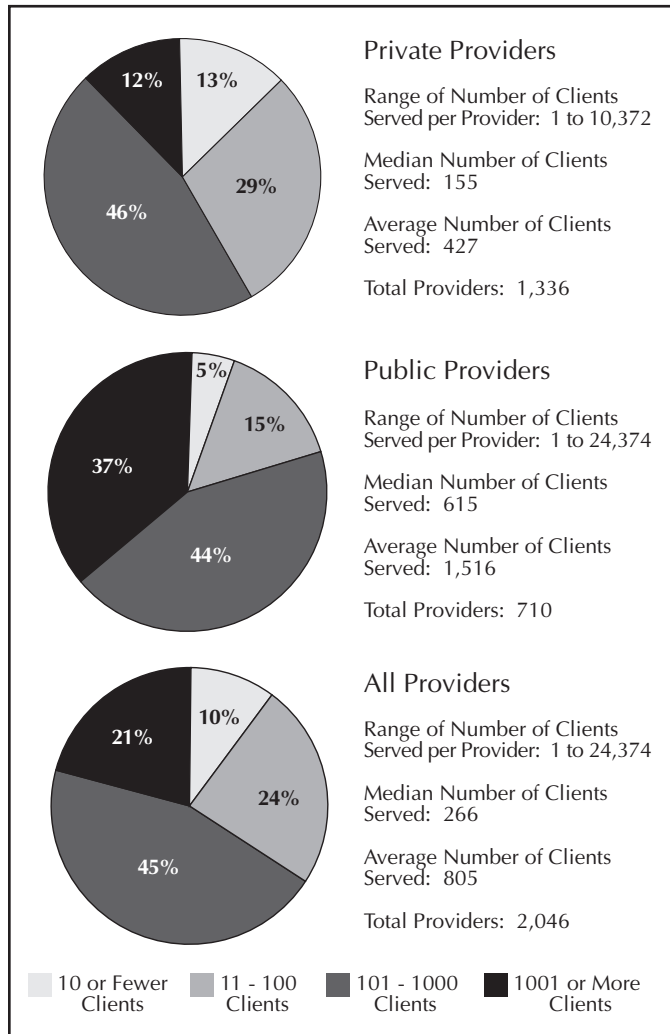
Note: The percentages add to more than 100% because some clients were served by both public and private providers.

Source: Family PACT Claims Data

The number of public providers grew at a higher rate (6%) than in previous years while the number of private providers declined (-5%) for the second year in a row. The number of clients served per public provider ranged from 1 to 24,374 while the number of clients served per provider for the private sector ranged from 1 to 10,372. The median number of clients served by public sector providers increased by 8.5% (to 615), while the median for private sector providers remained relatively unchanged (at 155). See Figure 2-3.

- 1 An enrolled Family PACT provider is defined as a clinician provider who has an active or rendering Medi-Cal status for at least one day during the fiscal year as well as a 'category of service 11' that is end-dated after the beginning of the fiscal year, but begin-dated before the fiscal year's end. Unless otherwise noted, the numbers of enrolled providers in this report refer to those reimbursed for Family PACT services delivered. Enrolled providers who did not bill or for whom all Family PACT claims were denied are not designated as 'delivering'.
- 2 See Appendix I for details about provider sector categorization.
- 3 This includes clients served only by enrolled Family PACT clinician providers. The percentages add to more than 100% because 2% of clients were served by both public and private sector providers.

Figure 2-3
Range of Family PACT Clients Served by Enrolled Clinician Providers by Provider Sector,^a FY 04/05



Client retention rates also differed between private and public providers. In FY 04/05 the client retention rate among private providers was 37%, compared to 47% among public providers.⁴ The client retention rate for private providers increased from 36% to 37%; whereas, the client retention rate for public providers has remained the same since FY 02/03.

The profile of clients served differs significantly when comparing private and public providers. Clients of private providers were more likely to be Latino and report Spanish as their primary language. Private providers also served a higher proportion of males than their public counterparts, though this difference has decreased in each of the last two fiscal years.

Family PACT clients of public providers were almost three years younger on average and had lower incomes, smaller family sizes, and fewer births than clients of private providers. These differences are partly explained by the fact that adolescents constituted a larger proportion of the clients served by public providers (25%) than by private providers (13%). See Figure 2-4.

Figure 2-4
Profile of Family PACT Clients Served by Provider Sector FY 04/05

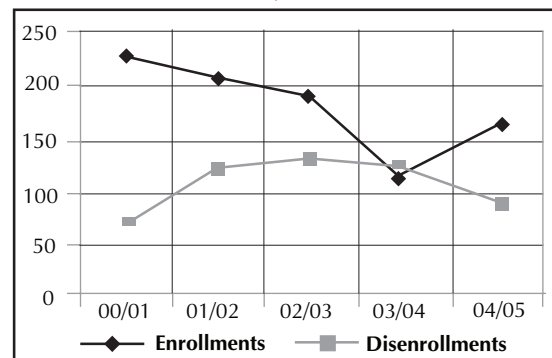
	Provider Sector	
	Private	Public
Female/Male Ratio	88:12	90:10
Average Age	28.5	25.7
Percent Latino	85%	53%
Percent Spanish as Primary Language	75%	36%
Average Parity	1.4	0.8
Average Monthly Income	\$927	\$714
Average Family Size	2.9	2.1

Source: Family PACT Client Enrollment and Claims Data

The most notable change among providers in FY 04/05 was the continued decline in the number of private providers enrolled in Family PACT (-5%) and in the number of clients they served (-8%). Although total provider enrollment increased, the number of private providers continued to decline because most new enrollments were public providers. It is also noteworthy that although provider enrollment improved in FY 04/05, the numbers are still lower than the period between FY 00/01 through FY 02/03.

See Figure 2-5.

Figure 2-5
Trend in the number of provider enrollments and disenrollments, FY 00/01 – FY 04/05



Source: Family PACT Client Enrollment and Claims Data

⁴ The percentage of clients retained is the ratio of clients retained from the previous year, to the total number of clients served in the previous year.

The Family PACT Program had 2.39 million clients enrolled for part or all of FY 04/05 down from 2.41 million in FY 03/04. This number includes over 735,000 newly enrolled clients, as well as about 1.66 million previously enrolled clients whose eligibility continued into FY 04/05. Of the program's 2.39 million enrolled clients, 1.58 million (66%) received Family PACT services during the fiscal year. This report focuses on those clients who received service in FY 04/05. Clients served per month ranged from 279,000 – 319,000, a slight increase from the previous fiscal year.

Despite a 4% decline in the number of clients served in Los Angeles County (LA), which constitutes more than one-third of the total Family PACT population, a net increase of 5% in the number of clients served in all other counties resulted in an overall 2% increase in number of clients served in FY 04/05. This increase reversed the program's only decline in the number of clients served in FY 03/04.

The predominant client demographics were similar to those in FY 03/04. See Figure 3-1.

- The client population remained at 89% female and 11% male with 63% of clients between the ages of 20 and 34.
- About two-thirds (64%) of the clients identified themselves as Latino and half (50%) reported Spanish as their primary language.
- About three-quarters (73%) reported a family income below the Federal Poverty Level (FPL)¹ and 46% reported a family size of one.
- Almost one half (46%) of female clients served reported never having given birth.

Figure 3-1
Demographic Profile of Family PACT Clients Served,
FY 03/04 and FY 04/05

Total Number of Clients Served	FY 03/04		FY 04/05	
	No.	%	No.	%
	1,553,837		1,582,664	
By Sex				
Female	1,380,522	89%	1,406,455	89%
Male	173,315	11%	176,209	11%
By Age				
<18	135,685	9%	136,603	9%
18-19	167,457	11%	170,084	11%
20-24	434,471	28%	451,867	29%
25-34	536,454	35%	542,832	34%
35-55	278,022	18%	279,734	18%
56-60 (males only)	1,740	0.1%	1,538	0%
Missing/Unknown	8	N/A	6	N/A
By Ethnicity				
Latino	1,012,324	65%	1,020,158	64%
White	306,306	20%	318,711	20%
African American	91,908	6%	93,267	6%
Asian, Filipino and Pacific Islander	96,984	6%	103,831	7%
Native American and Other	46,310	3%	46,690	3%
Missing/Unknown	5	N/A	7	N/A
By Primary Language				
Spanish	802,248	52%	790,595	50%
English	674,675	43%	716,687	45%
Other	76,908	5%	75,374	5%
Missing/Unknown	6	N/A	8	N/A
By Income				
0-50% of FPL ^a	592,267	38%	598,883	38%
>50-100 of FPL	552,360	36%	547,098	35%
>100-150 of FPL	302,061	19%	312,115	20%
>150-200 of FPL	107,144	7%	124,563	8%
Missing/Unknown	5	N/A	5	N/A
By Family Size				
1 person	683,945	44%	724,561	46%
2 to 4 persons	688,046	44%	681,073	43%
5 or more person	181,841	12%	177,025	11%
Unknown	5	N/A	5	N/A
By Parity ^b				
none	609,353	44%	643,359	46%
1 birth	283,294	21%	281,984	20%
2 births	251,393	18%	249,810	18%
3-9 births	233,813	17%	229,370	16%
Missing/Unknown	2,669	N/A	1,932	N/A

N/A = not applicable

^a Federal Poverty Level

^b Includes females only.

Source: Family PACT Client Enrollment and Claims Data

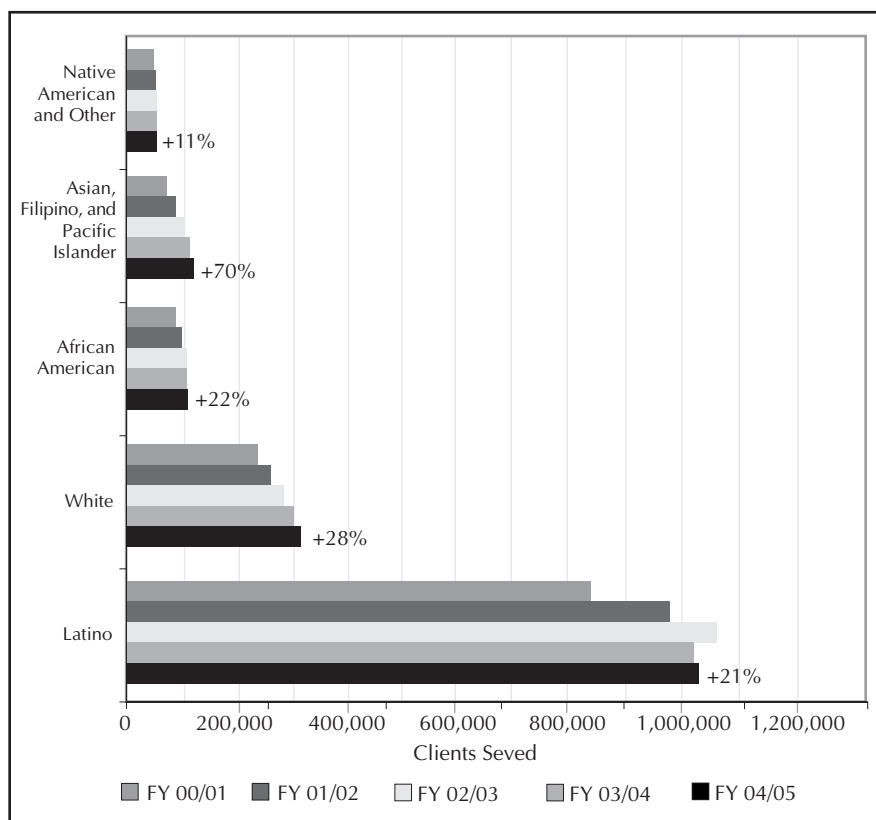
¹ As of June 1, 2004 the Family PACT eligibility limit of 200% of the FPL for a family of one was \$1552/month with an additional \$530 for each additional family member. The FPL was half that amount, or \$776/month for a family of one.

Although the demographic profile of Family PACT clients remained essentially the same as in previous years, certain changes were noted in FY 04/05.

- Among clients served, Asians continued to be the fastest growing ethnic group with a growth rate in FY 04/05 of 7%, followed by Whites at 4%. Since FY 00/01 the number of Asians has increased 70% – more than any other group. See Figure 3-2. The number of clients served in every ethnic group increased in FY 04/05, in contrast to FY 03/04 when three groups, African American, Latinos, and Native Americans and Others, declined. The percentage of Asian clients has shifted from 5% in FY 00/01 to 7% in FY 04/05, while that of Latinos has decreased from 66% to 64%. With the rise in Asians and the decline in Latinos the ethnic composition of the Family PACT population is becoming slightly more consistent with the ethnic population of California residents at or below 200% of the FPL for the same age group. See Figure 3-3.

- The percentage of clients reporting Spanish as their primary language declined to its lowest level since the program began. After rising from 51% in FY 97/98 to 55% in FY 01/02 it declined to 50% in FY 04/05. As the percentage speaking Spanish has risen and fallen, the percentage speaking English has fluctuated in the opposite direction. Those speaking other languages have remained at 5%.

Figure 3-2
Five Year Growth Rates in the Number of Family PACT Clients Served by Ethnicity



Source: Family PACT Claims Data

Figure 3-3
Comparison of Family PACT Clients to California Population by Ethnicity

	Clients Served by Family PACT FY 04/05		Population at or below 200% of FPL ^b for age groups served by Family PACT		General Population of California 2004	
	No.	%	No.	%	No.	%
Latino ^a	1,020,158	64%	4,237,777	53%	11,661,759	33%
White	318,711	20%	2,139,899	27%	16,484,212	47%
African American ^a	93,267	6%	634,926	8%	2,192,479	6%
Asian, Filipino and Pacific Islander	103,831	7%	819,224	10%	4,351,383	12%
Native American and Other	46,690	3%	146,963	2%	704,229	2%
Total	1,582,657	100%	7,978,789	100%	35,394,062	100%

^a The terms "Latino" and "African American" are used in lieu of "Hispanic" and "Black", which appear on both the Family PACT Client Eligibility Certification Form and the Current Population Survey for California.

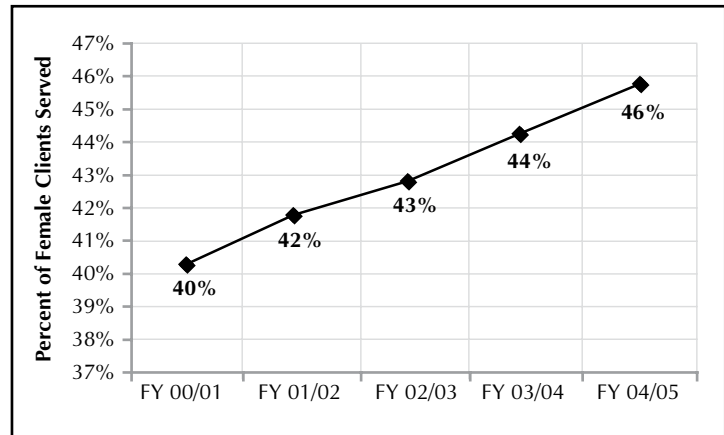
^b Federal Poverty Level

Source: Family PACT Client Enrollment and Claims Data and 2004 Current Population Survey for California

- The percentage of clients reporting a family size of one has increased steadily from 40% in FY 00/01 to 46% in FY 04/05, while percentages of clients reporting family sizes of three, four, and five have decreased. This trend toward serving more clients with a family size of one is seen among both males and females.
- Almost forty-six percent (46%) of female clients served had zero parity – meaning they had never had a live birth – 38% had had one or two births, and 16% had had three or more births. The trend since FY 98/99 has been steadily in the direction of serving more females before they have given birth and is consistent with the trend toward serving more clients with a family size of one. In FY 98/99 39% reported zero parity and 20% reported parity of three or more. See Figure 3-4.

- The rate of retention for clients served in two consecutive fiscal years is at the highest level since program inception. Forty-nine percent (49%) of clients served in FY 04/05 also were served in FY 03/04. See Figure 3-5. At the same time the total number of enrolled clients decreased due to a decline in the enrollment of new clients. FY 04/05 was the second consecutive year that the number of newly enrolled clients has declined. Unless retention remains high, a decline in enrollment may indicate future declines in clients served.

Figure 3-4
Trend in Percent of Female Clients Served with Zero Parity



Source: Family PACT Claims Data

Figure 3-5
Family PACT Client Retention Rates

	FY 00/01		FY 01/02		FY 02/03		FY 03/04		FY 04/05	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Clients Served	1,270,633		1,440,894		1,567,037		1,553,837		1,582,664	
Clients Retained from Previous Year^a	520,317	45%	591,163	47%	673,926	47%	716,875	46%	753,759	49%

^a The percentage of clients retained is the ratio of clients retained from the previous year, to the total number of clients served in the previous year.

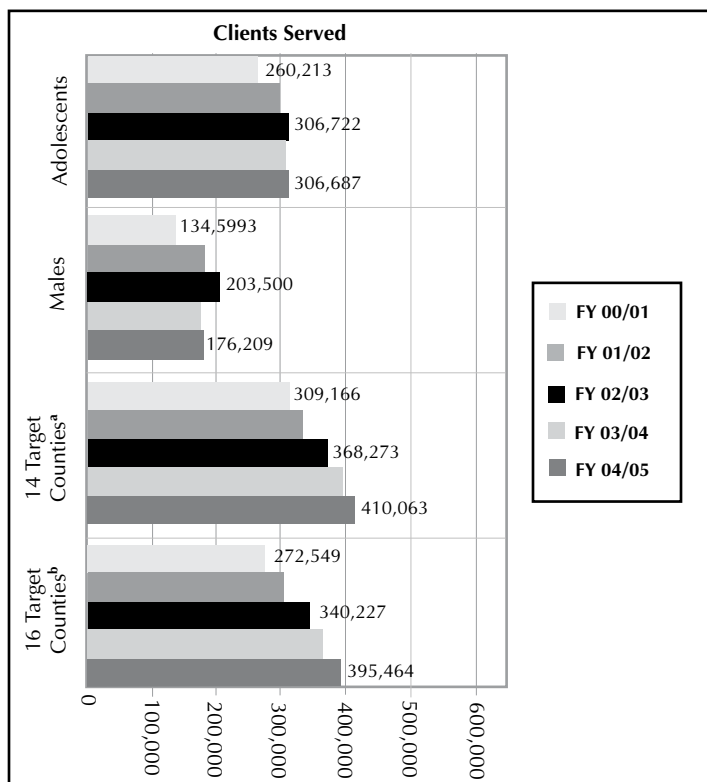
Source: Family PACT Claims Data

As a result of the Centers for Medicare and Medicaid Services Section 1115 Demonstration Waiver, which allowed the state to receive considerable funding for Family PACT, waiver goals were set forth, which focused attention on three subpopulations. The specific goals relating to these subpopulations were:

- 1) Reduce the number of unintended pregnancies among low-income adolescent women in California.
- 2) Reduce the number of unintended pregnancies among low-income women in geographic areas of high unmet need for family planning services.
- 3) Increase the number of low-income males receiving family planning services.

Since December 1999 when the waiver began, outreach efforts, program support, and evaluation activities have been directed toward these groups. Figure 4-1 shows the trend in clients served for each group and in this chapter each is examined separately.

Figure 4-1
Trend in Family PACT Clients Served Among Special Populations



^a Target Counties (14): Alpine, Fresno, Imperial, Mariposa, Orange, Placer, Riverside, Sacramento, San Bernardino, Sierra, Solano, Ventura, Yolo, and Yuba

^b Target Counties (16): Alameda, El Dorado, Fresno, Imperial, Kern, Kings, Merced, Riverside, Sacramento, San Bernardino, Shasta, Solano, Stanislaus, Tulare, Yolo, Yuba.

Source: Family PACT Claims Data

Adolescents

During FY 04/05, 19% of Family PACT clients were adolescents ages 19 and under, similar to previous years. About 307,000 adolescents were served during the year – 3,500 more than the previous fiscal year, representing a 1% increase.

The social and demographic characteristics of adolescent clients were somewhat different from those of adult clients. See Figure 4-2.

Figure 4-2
Profile of Family PACT Clients Served:
Adolescents vs. Adults, FY 04/05

Total Number of Clients Served	Adolescents 306,687	Adults 1,275,972
By Sex		
Female	275,422 90%	1,131,028 89%
Male	31,265 10%	144,944 11%
By Age		
10-14	12,432 4%	NA
15-17	124,171 40%	NA
18-19	170,084 55%	NA
By Ethnicity		
Latino	154,017 50%	866,141 68%
White	94,573 31%	224,138 18%
African American	25,030 8%	68,237 5%
Asian, Filipino & Pacific Islander	22,299 7%	81,532 6%
Native American & Other	10,768 4%	35,922 3%
By Primary Language		
Spanish	75,438 25%	715,157 56%
English	222,046 72%	494,641 39%
Other	9,203 3%	66,171 5%
By Federal Poverty Level ^a		
0-50% of FPL ^b	212,541 69%	386,342 30%
51-100% of FPL	57,324 19%	489,774 38%
101-150% of FPL	27,853 9%	284,262 22%
151-200% of FPL	8,969 3%	115,594 9%
By Family Size ^a		
1 person	243,585 79%	480,976 38%
2 - 4 persons	55,955 18%	625,118 49%
>4 persons	7,147 2%	169,878 13%
By Parity		
None	234,071 85%	409,288 36%
1 birth	35,184 13%	246,800 22%
2 births	4,850 2%	244,960 22%
3-9 births	1,088 0%	228,282 20%
By Provider Sector		
Private Practice Only	62,166 21%	433,154 37%
Public/Non-Profit Only	226,703 77%	718,072 61%
Both	3,806 1%	28,012 2%

Note: Percentages may not add to 100% due to rounding.

^a Adolescents are not required to include parents and siblings when declaring family size and income.

^b Federal Poverty Level

Source: Family PACT Client Enrollment and Claims Data

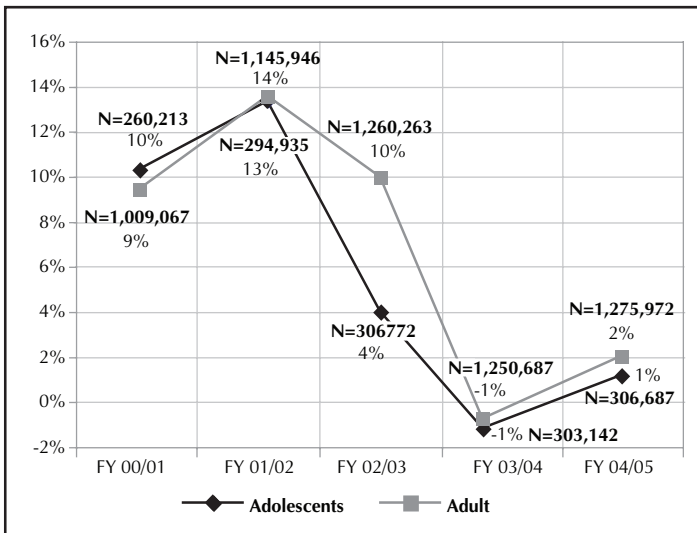
- A higher proportion of adolescents compared to adults were White; a lower proportion of adolescents compared to adults were Latino. Higher percentages were also seen among the African Americans, Asians, and Native Americans and Others for adolescents compared to adults.
- A higher proportion of adolescents than adults reported English as their primary language (72% vs. 39%).
- Adolescents reported smaller family sizes and lower incomes than adults. Again, this is to be expected since adolescents are not required to include parents or siblings when reporting family size and income.

Trends noted among adolescents included:

- A 1% increase in the number of adolescent clients in FY 04/05, which follows a 1% decline the previous fiscal year. See Figure 4-3. All adolescent ethnic groups increased in number with the exception of White adolescents, which were down 1%.
- A 2% increase in the number of adolescent males in FY 04/05, which follows declines in the two previous fiscal years. The greatest increases were seen among Asian adolescent males (17%) followed by African American adolescent males (8%). White adolescent males were up 2%. Latino and Native American and Other adolescent males continued to decline slightly.
- A 49% retention rate between FY 03/04 and FY 04/05, which was slightly above that of adults (48%). Of the 303,142 adolescent clients served in the prior year 148,418 returned for service in FY 04/05. See Figure 4-4.

Figure 4-3

Growth Rates of Family PACT Clients Served, Adolescents vs. Adults



Source: Family PACT Client Enrollment and Claims Data

Figure 4-4

Family PACT Adolescent Client Retention Rates^a

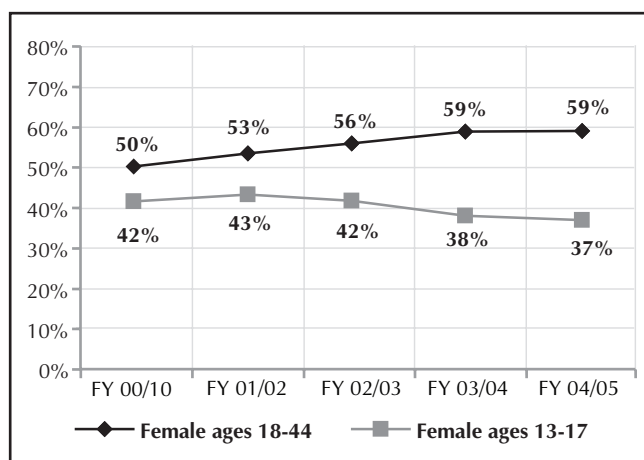
	FY 00/01		FY 01/02		FY 02/03		FY 03/04		FY 04/05	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total Adolescents Served	260,213		294,935		306,772		303,142		306,687	
Adolescents Retained from Previous Year	105,521	45%	121,290	47%	137,300	47%	143,485	47%	148,418	49%

^a The percentage of clients retained is the ratio of clients, who returned for service in one fiscal year, to the total number of clients served in the previous year. Clients returning at the age of 20 in the following year are considered retained adolescents.

Source: Family PACT Client Enrollment and Claims Data

Family PACT served 37% of female youth ages 13-17 who were in need of publicly funded contraceptive services in FY 04/05, showing a decline from the 42% that were served in FY 00/01. See Figure 4-5. A faster growth occurred in the number of female youth 13-17 who were sexually active and might be in need of publicly-funded contraceptive services between FY 00/01 and FY 04/05; there was a 33% increase in the number of females ages 13-17 in this time period. On the other hand, there was only an 18% increase in the number of female clients ages 13-17 served by Family PACT.

Figure 4-5
Percentage of Women Whose Need for Publicly Funded Contraceptive Services Was Met by Family PACT, Adolescents vs. Adults

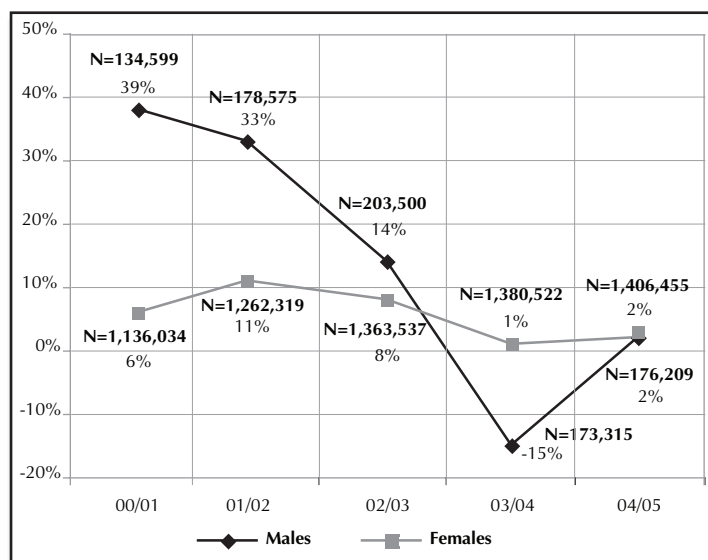


Source: Estimates of women in need are based on the Current Population Survey for California, the California Health Interview Survey, and the California Women's Health Survey. The number of clients served refers to contraceptive services only and comes from Family PACT claims data.

Males

Following a 15% decline in the number of males in FY 03/04, the number of males grew 2% in FY 04/05. The previous decline was largely observed in Los Angeles County, which had experienced a disenrollment of a number of private providers. The number of males continued to decrease in LA County in FY 04/05 - albeit at a slower pace - but increases in other counties resulted in the net increase of 2%. See Figure 4-6.

Figure 4-6
Growth Rates of Family PACT Clients Served, Males vs. Females



Source: Family PACT Client Enrollment and Claims Data

There were some notable demographic trends among males:

- Latinos and Native Americans and Others continued to decline in FY 04/05 (-1%), while White males continued to increase (8%). The decline in the number of Asian and African American males was reversed and saw an increase of 14% and 3% respectively in FY 04/05.
- There was an increase in the proportion of males with a family size of one in the program, indicating that more males are being served before they have families. Since FY 01/02, when the data was first collected, the proportion of males reporting a family size of one has increased from 62% to 68% in FY 04/05.
- The proportion of male clients who reside in LA County continued to decline. Whereas in FY 00/01 the majority of male clients resided in LA County (55% vs. 45% outside of LA) the proportions were reversed in FY 04/05 (44% in LA vs. 56% outside of LA). See Figure 4-7.
- The trend toward an increasingly higher proportion of males being served by public providers continued. Sixty percent (60%) of males were served by public providers in FY 04/05, up from 55% the previous fiscal year. Males were still more likely than females to be served by private providers.
- The retention rate for males increased from 15% to 18% compared to the retention rate for females which increased from 50% to 52%. See Figure 4-8.

Figure 4-7
Profile of Family PACT Clients Served: Males vs. Females, FY 04/05

Total Number of Clients Served	Males 176,209		Females 1,406,455	
By Age				
<18	14,346	8%	122,257	9%
18-19	16,919	10%	153,165	11%
20-24	50,610	29%	401,257	29%
25-34	56,288	32%	486,544	35%
35-55	36,510	21%	243,224	17%
56-60 (males only)	1,535	1%		
By Ethnicity				
Latino	109,977	62%	910,181	65%
White	33,333	19%	285,378	20%
African American	18,419	10%	74,848	5%
Asian, Filipino & Pacific Islander	9,168	5%	94,663	7%
Native American & Other	5,312	3%	41,378	3%
By Primary Language				
Spanish	85,129	48%	705,466	50%
English	82,249	47%	634,438	45%
Other	8,831	5%	66,543	5%
By Income ^a				
0-50% of FPL ^b	72,009	41%	526,874	37%
51-100% of FPL ^b	45,001	26%	502,097	36%
101-150% of FPL ^b	40,137	23%	271,978	19%
151-200% of FPL ^b	19,062	11%	105,501	8%
By Family Size ^a				
1 person	120,389	68%	604,172	43%
2 -4 persons	44,034	25%	637,039	45%
>4 persons	11,786	7%	165,239	12%
By Region of Client Residence				
LA	76,850	44%	495,168	35%
Other	99,359	56%	911,281	65%
By Provider Sector				
Private Only	64,682	40%	430,641	33%
Public/Non-Profit Only	98,167	60%	846,609	65%
Both	541	0.3%	31,277	2.4%

Note: Percentages may not add to 100% due to rounding.

a Adolescents are not required to include parents and siblings when declaring family size and income.

b Federal Poverty Level

Source: Family PACT Client Enrollment and Claims Data

Figure 4-8
Family PACT Client Retention Rates^a

	Total Males Served	Males retained from previous year		Total Females Served	Females retained from previous year	
	No.	No.	%	No.	No.	%
FY 04/05	176,209	30,806	18%	1,406,455	722,953	52%
FY 03/04	173,315	31,378	15%	1,380,522	685,497	50%
FY 02/03	203,500	33,227	19%	1,363,537	640,699	51%
FY 01/02	178,575	24,489	18%	1,262,319	566,674	50%
FY 00/01	134,599	14,979	15%	1,136,034	505,338	47%

a The percentage of clients retained is the ratio of clients retained from the previous year, to the total number of clients served in the previous year.

Source: Family PACT Claims Data

Target Counties

To fulfill the second waiver goal of reducing the number of unintended pregnancies among low-income women in geographic areas of high unmet need for family planning services, the Office of Family Planning has twice identified a list of target counties – first a list of 14 target counties for the original CMS Section 1115 Waiver and then a list of 16 target counties for the renewal application submitted in 2004. Since the renewal of the waiver is pending, both sets of target counties – the original list of 14 and the renewal list of 16 – are of interest for this particular year. The identification of target counties has been based, in part, on the met/unmet need for family planning services analyses. The original list has been utilized for outreach to clients and providers, provider recruitment, evaluation, and program support projects. For example, the first statewide media campaign included enhanced components within target counties. Figure 4-9 shows the complete list of counties identified in both lists and the number of clients served who reside in them. Chapter 9 provides more detailed information on all counties.

Figure 4-9
Family PACT Target Counties and Clients Served^a

	Original List of 14 Target Counties	Renewal List of 16 Target Counties
Target Counties	No. Clients Served	No. Clients Served
Alameda		43,509
Alpine	314	
El Dorado		4,623
Fresno	42,875	42,875
Imperial	5,678	5,678
Kern		30,300
Kings		6,286
Mariposa	261	
Merced		11,549
Orange	118,297	
Placer	5,983	
Riverside	67,439	67,439
Sacramento	44,534	44,534
San Bernardino	71,786	71,786
Shasta		8,121
Sierra	160	
Solano	11,507	11,507
Stanislaus		19,814
Tulare		17,995
Ventura	31,781	
Yolo	6,777	6,777
Yuba	2,671	2,671
Total Clients Served	410,063	395,464

^a Based on county of client residence.

Source: Family PACT Client Enrollment and Claims Data

Among the 14 original target counties, the number of clients served:

- Accounted for approximately 26% of all clients served in FY 04/05.
- Increased by 5% over the previous fiscal year and by 33% since FY 00/01.
- Grew at or above the overall program average of 25% over the five year period between FY 00/01 and FY 04/05, with the exception of clients in Mariposa (7%). Target counties that grew 50% or more during that time included Riverside (65%), Sacramento (59%), Solano (54%), Yolo (52%), and Ventura (50%) Counties.
- Grew 10-16% in Mariposa, Riverside, Sacramento, Solano, and Yuba Counties between FY 03/04 and FY 04/05.¹
- Declined 41% in Sierra County over the previous year, going from 273 clients served to 160 clients served. No other counties showed declining numbers of clients, although San Bernardino, Imperial, and Orange Counties grew slightly more slowly than the overall program average of 2%.

Among the 16 renewal target counties, the number of clients served:

- Accounted for approximately 25% of all clients served in FY 04/05.
- Increased by 7% over the previous fiscal year and by 46% since FY 00/01.
- Grew at or above the program average of 25% between FY 00/01 and FY 04/05. Target counties that grew 50% or more during that time included Kings (102%), Riverside (65%), Sacramento (59%), Solano (54%), Tulare (54%), and Yolo (52%) Counties.
- Showed the highest growth over the previous fiscal year in Solano (16%) and Sacramento (14%) Counties.
- Exceeded the average 2% growth rate of clients served over the previous fiscal year, except in Imperial (1%) and San Bernardino (1.8%) Counties.

¹ Alpine County was excluded from the analysis due to data entry errors showing that many of their clients had zip codes outside of Alpine County.

Overview

The State specifically defines family planning services as those that both limit and protect fertility. In addition to the provision of contraceptive methods, the diagnosis and treatment of conditions that threaten reproductive capability are included in the Family PACT benefits package. Such conditions may include sexually transmitted infections (STIs), infertility, and cancer.

All services within Family PACT fall into three main categories: clinician services, drug and supply services, and laboratory services. Clinician services are provided by clinicians only and include counseling, procedures, and clinical exams. Drug and supply services are provided by clinicians on-site or pharmacies and include contraceptive methods as well as medications used to treat STIs and other conditions related to reproductive health. Laboratory services include testing related to reproductive health and are provided through independent laboratories or by clinicians on-site.

This chapter describes the use of these three service types as well as the utilization of specific reproductive health services beyond those strictly related to contraception or STIs.

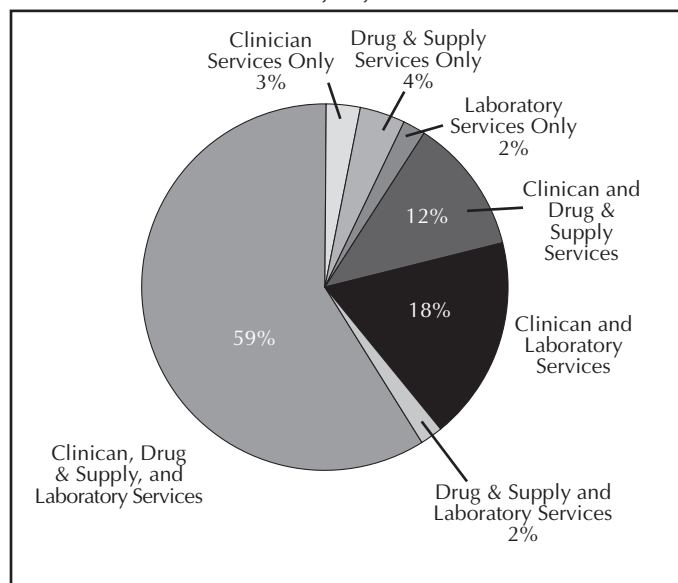
Clinician Services

Clinician services include office visits, education and counseling, method-related procedures, mammography, and other services provided by a clinician. Of the 1.58 million clients served in FY 04/05, 92% of both males and females received clinician services, similar to previous years. See Figure 5-1. Of all clinician services, the most frequently utilized were for evaluation and management (office visit), followed by education and counseling.

Drug and Supply Services

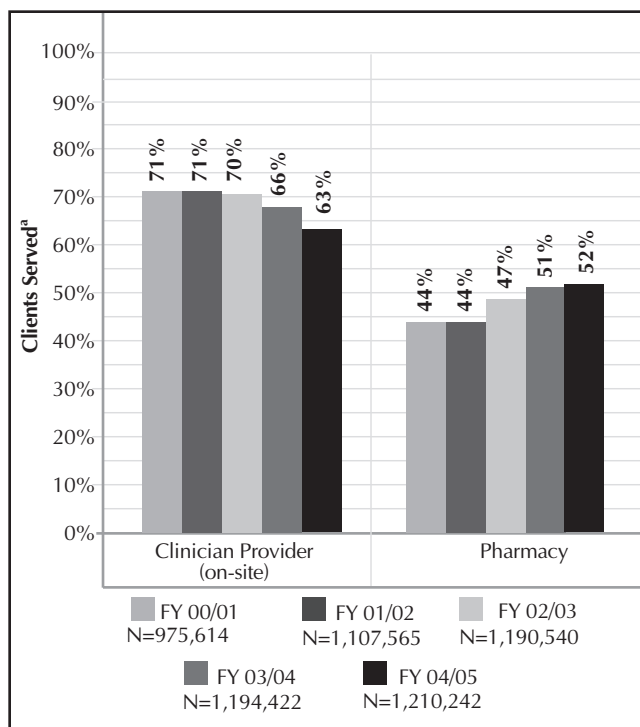
Similar to previous years, 77% of all clients served received drug and supply services. More women (78%) received these services than men (65%). FY 04/05 reflects a continuing shift from on-site dispensing to pharmacy dispensing. Sixty-three percent (63%) of clients received drug and supply services on-site, down from 66% the previous year. The proportion of clients who received these services at a pharmacy increased slightly to 52%, up from 51% in FY 03/04. See Figure 5-2.

Figure 5-1
Percent of Family PACT Clients Served by Service Type Combination
N=1,582,664



Source: Family PACT Claims Data

Figure 5-2
Trends in Percent of Family PACT Clients Served with Drug and Supply Services by Dispensing Site



^a Percents will add to more than 100% because a client may receive drug and supply services both on-site from a clinician and at a pharmacy; 10-17% of clients were served at both services sites.

Source: Family PACT Claims Data

Laboratory Services

The most frequently utilized laboratory service was testing for STIs, followed by pregnancy testing, testing related to contraceptive methods, and cervical cancer screening. Overall, 81% of clients served received laboratory services. More women (81%) received these services than men (75%). Independent clinical laboratories handled 61% of all laboratory procedures, up from 57% the prior year. Independent laboratories handled a larger percentage of complicated and expensive tests than on-site laboratories.

Other Reproductive Health Services

The following services are offered by Family PACT as part of the State mandate to provide comprehensive reproductive health services. In the event a client needs treatment or services beyond the scope of Family PACT benefits – such as prenatal care as the result of a positive pregnancy test – referrals for follow up services are made. Because all Family PACT providers are also Medi-Cal providers, services provided under another funding source can be relatively seamless.

Pregnancy Testing Services

The proportion of clients receiving a pregnancy test in the program continues to decline. Forty-seven percent (47%) of female clients were tested for pregnancy in FY 04/05, down from 52% in FY 03/04 and 55% in FY 02/03. Ten percent (10%) of female clients received services under the primary diagnosis code of Pregnancy Testing (PDC S60).¹ However, nearly half of these clients also received other method-related services at some time during the year. Women ages 20-34 accounted for 64% of clients tested for pregnancy in FY 04/05. Women in this age group received more tests per woman tested than younger and older age groups. Adolescent women ages 19 and under accounted for 22% of clients tested for pregnancy, however, more than half (53%) of adolescent women received a pregnancy test during the year. The likelihood of receiving a pregnancy test within the program decreased with age. In comparison to the adolescent women, forty-seven percent (47%) of women ages 20-34 received a test and 38% of women ages 35-55 received a test. See Figure 5-3.

Figure 5-3
Clients Served with a Pregnancy Test, by Age, FY 04/05

Age at Mid FY	Clients Served with a Pregnancy Test			Total Female Clients Served ^a	# of Pregnancy Tests	Average number of Pregnancy Tests per Client Tested
	No.	Col %	Row %	No.	No.	No.
<20	145,852	22%	53%	275,422	216,603	1.49
20-34	417,693	64%	47%	887,801	653,344	1.56
35-55	92,234	14%	38%	243,224	137,974	1.50
Total	655,779	100%	47%	1,406,447	1,007,921	1.54

^a Excludes eight clients with unknown age.

Source: Family PACT Claims Data

Fertility Evaluation Services

Family PACT covers limited fertility evaluation services including specified laboratory tests, counseling and initiation of fertility awareness methods (FAM). Fertility evaluation services were provided to 2.1% of all clients and patterns for fertility evaluation remained similar to previous years. Among the 2.1% of female clients who received fertility evaluation services, 94% were adults and 84% were Latina. Among the 2% of male clients who received fertility evaluation services, 97% were adults and 85% were Latino.

¹ Primary diagnosis codes (PDCs) are Family PACT specific billing codes designated by the letter "S". S60 is the PDC for Pregnancy Test Only. For more information, see Chapter 6.

Cervical Cancer Screening and Dysplasia Services²

The rate of cervical cancer screening is reported here as a service utilization measure, as opposed to a quality of care indicator. The American Cancer Society no longer recommends yearly screening for every woman. Recommendations for screening periodicity vary depending on age, history, and the specific screening test utilized.³ The rate of annual screening remained stable in FY 04/05 at 53%, similar to previous years. The likelihood of receiving a Pap test within the year increased with age, a pattern that appeared in all race/ethnic groups and that was also observed in previous years. Thirty-five percent (35%) of clients under age 20 received a Pap test, compared to 56% of women ages 20-34, and 65% of those ages 35 and over. See Figure 5-4. The proportion of women receiving a Pap test within the program differed by race/ethnicity. Latina women had the highest proportion of testing; 57% received a Pap test. African American (44%) and White women (45%) had the lowest screening rates. See Figure 5-5.

Three percent (3%) of eligible clients underwent diagnostic evaluation (colposcopy with or without biopsies) in FY 04/05, and fewer than 1% received treatment (LEEP⁴ or cryotherapy) for cervical abnormalities. This is consistent with previous years.

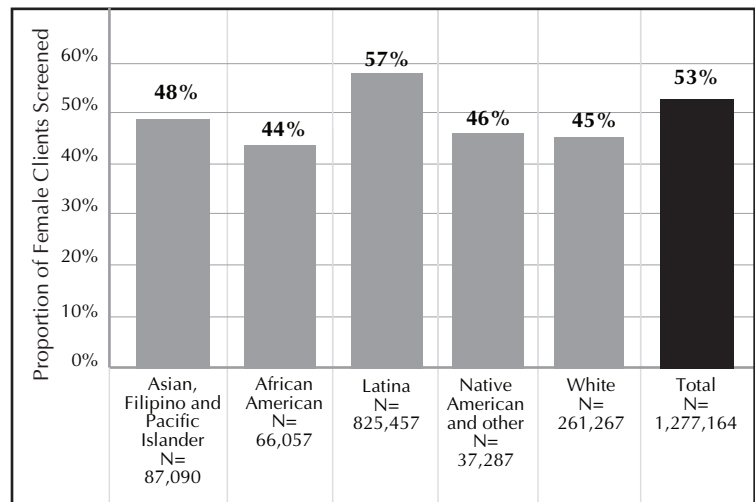
Figure 5-4
Clients Served with a Pap Test by Age, FY 04/05

Age	Clients Served with a Pap Test			Total Female Clients Served ^a
	No.	Col %	Row %	No.
<20	87,440	13%	35%	250,638
20-34	444,888	66%	56%	800,224
35-55	146,822	22%	65%	226,295
Total	679,150	100%	53%	1,277,157

^a Excludes clients who received pharmacy drug and supply services only and/or pregnancy testing (PDC=S60) services only. Also, excludes seven clients with unknown age.

Source: Family PACT Claims Data

Figure 5-5
Cervical Cancer Screening Rates by Race, Ethnicity, FY04/05



Source: Family PACT Claims Data

Mammography Services

Screening mammography for women over 40 years old was added to the Family PACT benefits package in January 2002. FY 04/05 represents the third full fiscal year of data on this service and shows continued growth in its utilization. Thirteen percent (13%) of the eligible clients received a mammogram through the program in FY 04/05, up from 11% the previous year and 5% in FY 02/03. The percentage of Family PACT clients who received mammography screening may actually be higher, as cancer screening services are also available to this population through other state-funded programs. The majority of clients who received mammography services also received other Family PACT services; only 4% of clients who received a mammogram had no other reproductive health services during the year.

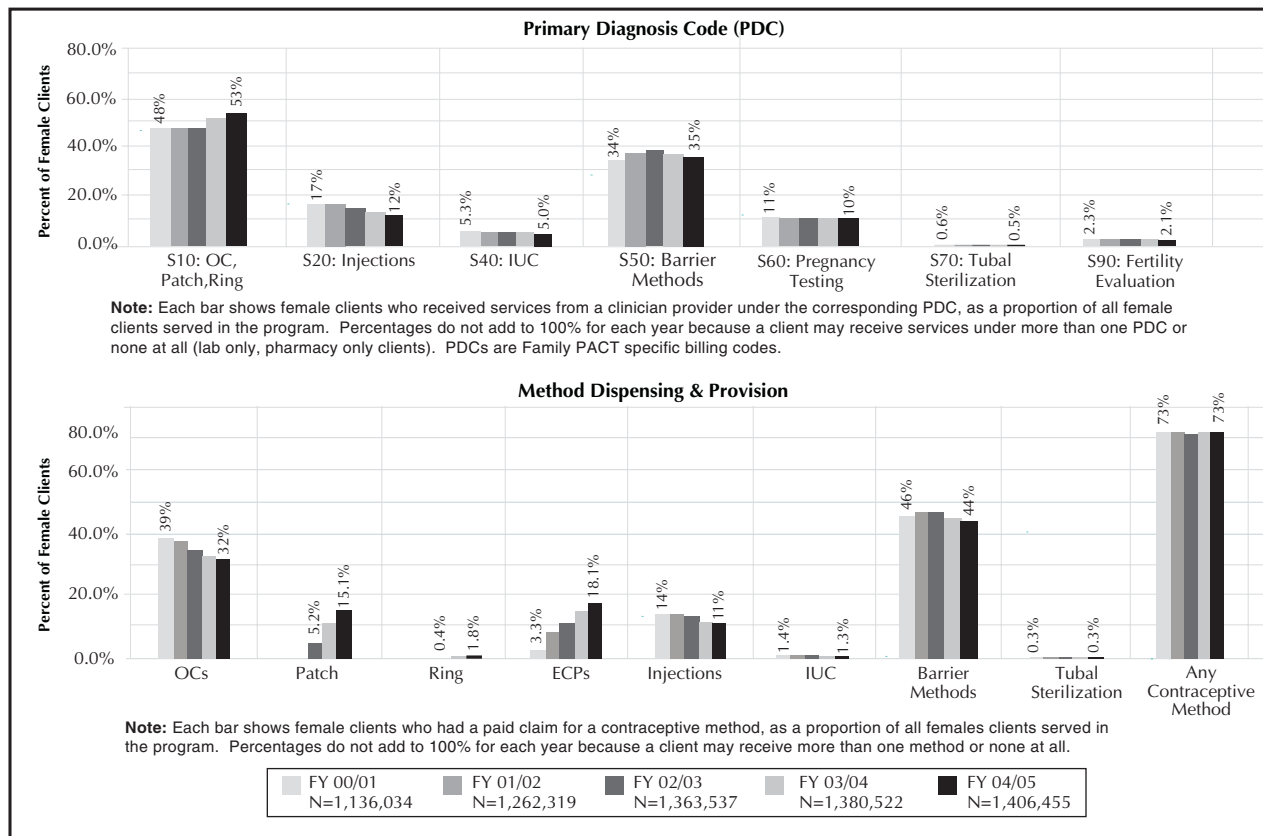
- In the calculation of utilization rates for cervical cancer screening, dysplasia treatment, and mammography, clients who received services through a pharmacy only or under the PDC S60 for pregnancy testing were excluded from the denominator because claims for these services are not allowable under the PDC S60 nor through pharmacies. For mammography, this "eligible clients" denominator is further restricted to clients age 40+ because Family PACT benefits cover mammography screening only for clients aged 40 and over.
- See the Family PACT Clinical Practice Alert, "Cervical Cancer Screening" dated August 2005 for current cervical cancer screening guidelines.
- Loop electro-excisional procedure.

Overview

The Family PACT Program's core services are designated by primary diagnosis codes (PDC) and are categorized according to nine family planning methods or services.¹ This chapter draws on the PDC and the contraceptive method dispensed for analysis of family planning service utilization patterns. PDC and method dispensing data usually show similar patterns, but not always.

Oral Contraception/Patch/Ring (S10)² was the most frequently utilized service among all clients. Barrier Method (S50) remained the second most utilized service as it was in FY 03/04. Other services, in order of frequency of use, were for Contraceptive Injections (S20), Pregnancy Testing (S60), Intrauterine Contraceptives (S40), Fertility Evaluation (S90), Tubal Sterilization (S70), and Vasectomy (S80). Primary diagnosis code (S30) and dispensing/provision data for contraceptive implants was excluded from analysis due to the discontinuation of Norplant distribution.³ See Figure 6-1 for services specific to females and Figure 6-2 for services specific to males.

Figure 6-1
Trends in the Percent of Female Family PACT Clients Served with Family Planning Methods/Services



Source: Family PACT Claims Data

1 PDCs are Family PACT specific billing codes designated by the letter "S" and are as follows: (S10) Oral contraception/contraceptive patch/contraceptive vaginal ring, (S20) Contraceptive injections, (S30) Contraceptive implants, (S40) Intrauterine contraceptives, (S50) Barriers/fertility awareness method (FAM)/lactation amenorrhea method (LAM), (S60) Pregnancy testing, (S70) Tubal sterilization, (S80) Vasectomy, and (S90) Fertility evaluation. Analysis is based on paid claims data and PDCs reported may not completely reflect the services received by the clients. Some services may have been delivered but not billed to Family PACT or may have been denied.

2 Ortho Evra® (the contraceptive patch) and NuvaRing® (the contraceptive vaginal ring) became available through Family PACT on Nov. 1, 2002. Both were added to the S10 PDC (oral contraceptives).

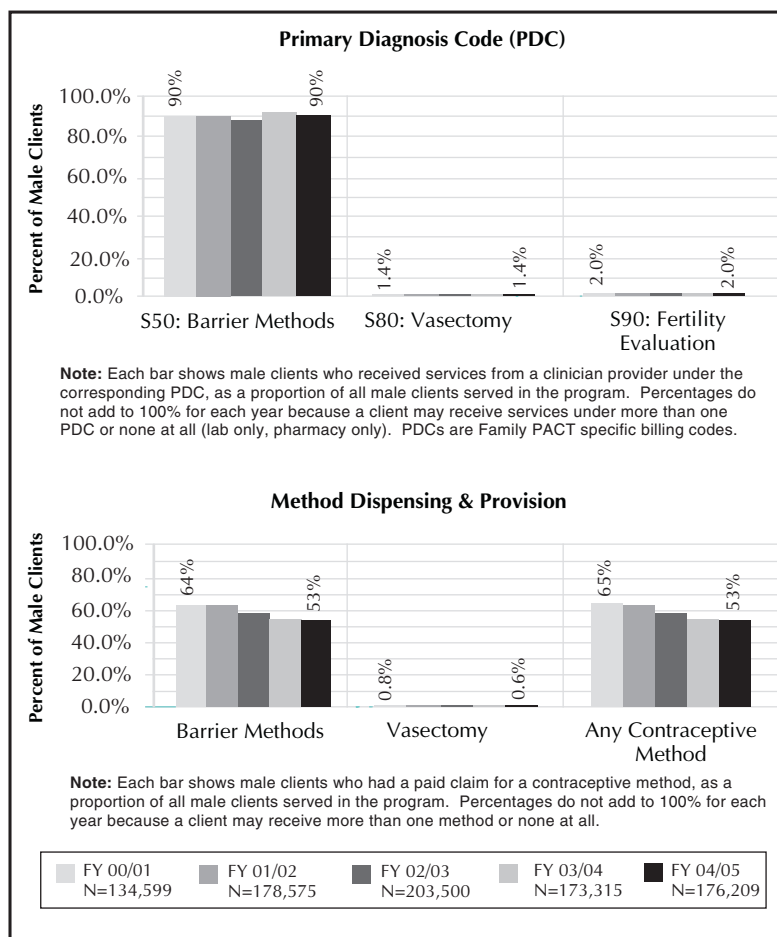
3 After quality assurance concerns arose in 2000, Wyeth Pharmaceuticals announced in July 2002 that it would no longer distribute Norplant, the only contraceptive implant offered by Family PACT. Discussion of implant provision has been moved to a separate report – the UCSF/OPF Issues Assessment.

Notable changes and trends in service utilization (PDC) and/or dispensing were as follows:

- Dispensing of dedicated emergency contraceptive pill products (ECPs) has increased steadily over time. This year, 18% of female clients received ECPs, up from 15% in FY 03/04 and 11% in FY 02/03.⁴
- The contraceptive patch and the contraceptive vaginal ring were first added to Family PACT benefits during FY 02/03. In FY 03/04, there was a notable increase in the dispensing of these methods – a trend that continued this year. In FY 04/05, there was a 30% increase over the past year in the number of women who received the contraceptive patch and a 58% increase in the number who received the vaginal ring.
- In FY 03/04, there was a decline in the proportion of female clients dispensed oral contraceptives while utilization of the S10 PDC increased – a trend that continued this year. Increasing use of services under the S10 PDC and concurrent declines in OC dispensing are at least in part attributable to increased dispensing of the patch and the ring.
- From FY 98/99 through FY 02/03, the percentage of clients receiving only barrier methods and supplies ranged from 23% to 24%. Last year this proportion dropped to 19% and this year 16% of clients received only barrier methods and supplies.
- For female clients, there was a continued slight decline in both barrier method service utilization and dispensing.
- For males, barrier method dispensing has been declining since FY 98/99, although service utilization of barrier methods remains relatively stable.
- For female clients, service utilization and provision of contraceptive injections has continued to decline slightly.

- From FY 03/04 to FY 04/05, there was a decline in the number of sterilization procedures. The number of clients who underwent a vasectomy dropped slightly from 1,293 in FY 03/04 to 1,121 in FY 04/05 while tubal sterilization procedures continued to decline slightly, dropping from 4,036⁵ in FY 03/04 to 3,784 in FY 04/05.
- The proportion of male clients who were dispensed no contraceptive method has increased notably over time, rising from 30% in FY 99/00 to 47% in FY 04/05.

Figure 6-2
Trends in Percent of Male Family PACT Clients Served with Family Planning Methods/Services



Source: Family PACT Claims Data

⁴ ECPs do not have a corresponding PDC. Family PACT Program Standards include the provision of emergency contraception in advance of need along with all family planning methods.
⁵ Revised from the 3,949 procedures reported in FY 03/04 to include all tubal anesthesia codes.

Contraceptive Method Dispensed

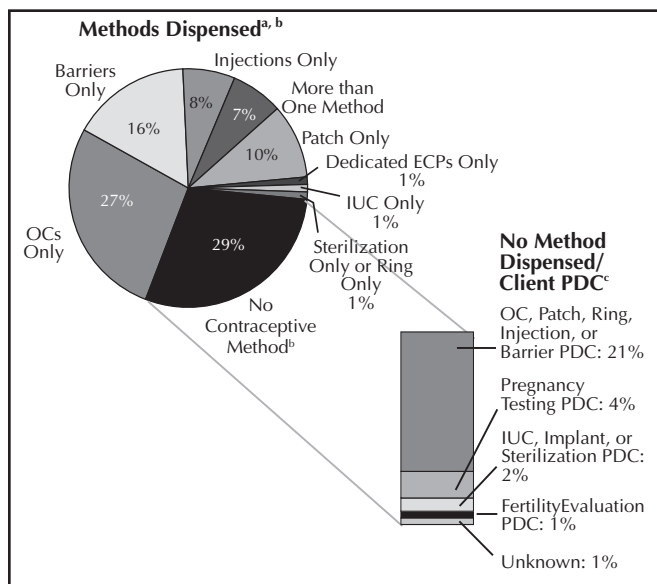
This section examines methods dispensed per client during the fiscal year and whenever possible, identifies a single method per client to create the mutually exclusive categories in the pie chart in Figure 6-3. Barrier methods and ECPs are often dispensed in combination with other contraceptive methods and are therefore not included in the analysis unless they are the only method dispensed.⁶ Seventy-one percent (71%) of Family PACT clients were dispensed a contraceptive method that was reimbursed by the program, similar to previous years. Aside from barriers and ECPs, 7% of clients were dispensed more than one method⁷, up from 6% last year. For clients with only one method identified, dispensing (with or without barriers/ECPs) was as follows:

- 27% of clients were dispensed OCs
- 10% were dispensed the patch
- 8% were dispensed injections
- 1% were dispensed IUCs
- 1% were dispensed the ring
- fewer than 1% were sterilized.

An additional 16% were dispensed barriers only (with or without ECPs) – down from 19% the previous year and 1% were dispensed dedicated ECPs only – the same as in the previous year.

Based on analysis of PDCs for the 29% of clients who did not receive a contraceptive method, 4% had pregnancy testing services, 1% had fertility evaluation services, and 2% had services related to long-acting methods which they may have been using. Of concern may be the 21% of clients who had services under the PDC for OC/patch/ring, barriers, or injections, but who had no paid claim for a method dispensed. However, some portion of these clients may be method continuers; they may have already had a supply of the method, received free samples or otherwise received a method that was not billed to Family PACT; their partner may have received a method; they may be utilizing a natural method; they may have been abstinent, been undergoing fertility evaluation or have tested positive for pregnancy. A small proportion of clients may not be counted as receiving a method due to billing lag time or a denied claim.

Figure 6-3
Provision of Family Planning Methods Among
Family PACT Clients, FY 04/05
N=1,582,664



- a Grouped where possible, by only one method type. Barrier methods and/or ECPs were excluded from analysis unless no other method was dispensed.
- b Paid claims data understates methods dispensed to the degree that clients received methods not billed to Family PACT.
- c Primary Diagnosis Codes (PDC) are Family PACT specific billing codes. Clients are grouped under their most effective method PDC according to method failure rates.

Source: Family PACT Claims Data

Contraceptive Services for Female Clients

To obtain as complete a picture of contraceptive services as possible, it is important to look at both PDCs and method dispensing data.⁸ As the use of PDCs includes both evaluation and counseling prior to dispensing a method, as well as management of the method, there is some anticipated discordance between PDCs and methods dispensed. For example, a client may visit a clinician for method maintenance around use of the vaginal ring and be dispensed condoms. In some cases no PDC is required, as when a client refills a prescription at a pharmacy with no clinician visit.

⁶ For example, if a woman receives injections, condoms and ECPs she is counted in the "Injections Only" category in Figure 6-3. If she received condoms and ECPs, then she is counted in the "Barriers Only" category. Finally, if she receives ECPs and no other method, then she is counted in the "Dedicated ECPs Only" category.

⁷ "More than one method" is defined as any combination of two or more of the following methods dispensed with or without barriers/ECPs: OCs, patch, ring, injection, IUC, implant and/or sterilization.

⁸ Only PDCs assigned by clinician providers are included in this analysis. Laboratory PDCs, which may differ from clinician PDCs, were not included. Pharmacy providers do not assign PDCs. Barrier methods and emergency contraception may be dispensed under any PDC (other than PDCs for pregnancy test only S60 and/or fertility evaluation - S90).

Figure 6-4 shows the number of female clients served by PDC and the number who were provided contraceptives or supplies by method type for FY 04/05.⁹

Figure 6-4
Utilization of Family PACT Services by Female Clients, FY 04/05
N=1,406,455

	Clients Served by a Clinician Under the PDC ^a		Clients Who Were Provided the Method ^b	
	Number	Percent ^c	Number	Percent ^c
OCs/ Patch/Ring (S10)	740,001	52.6%	653,049	46.4%
Oral Contraceptives	NA	NA	455,224	32.4%
Patch	NA	NA	211,857	15.1%
Vaginal Ring	NA	NA	25,539	1.8%
Contraceptive Injections (S20)	172,875	12.3%	151,270	10.8%
IUC (S40)	70,758	5.0%	18,249	1.3%
Barrier Methods/FAM (S50)	496,166	35.3%	625,469	44.5%
Pregnancy Testing (S60)	138,553	9.9%	NA	NA
Tubal Sterilization (S70)	7,559	0.5%	3,784	0.3%
Fertility Evaluation (S90)	30,094	2.1%	NA	NA
Dedicated Emergency Contraceptive Pills	NA	NA	254,806	18.1%
No Clinician Provider Visit	94,243	6.7%	NA	NA
No Method	NA	NA	381,299	27.1%

NA = Not Applicable

^a Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

^b May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.

^c Columns do not add to 100% because some clients may be served under more than one PDC and/or receive more than one method type.

Source: Family PACT Claims Data

Barrier Methods: Among all female clients served, the most commonly dispensed contraception was barrier methods (44%).¹⁰ Over a third (35%) of female clients received services under the barrier methods PDC in FY 04/05. The percentage of women receiving barrier method services declined slightly in FY 03/04, a trend that continued this year. Similar to the previous year, most paid claim lines (72%) for barrier methods and supplies for females were from clinician providers – 28% from pharmacies.

Oral Contraception: Among all female clients served, the S10 Primary Diagnosis Code (including oral contraception, the patch and the ring) was the most frequently used PDC. Over half of female clients (53%) received services under S10, up from 51% the previous year. Thirty-two percent (32%) of female clients were dispensed OCs, down from 33% last fiscal year (and 35% in FY 02/03).

The two new methods, the patch and the ring, were added to the S10 PDC during FY 02/03; the slight decreases in OC dispensing are at least partly attributable to some method switching from OCs to the patch or ring. Nearly 3.6 million cycles of OCs were dispensed, compared to 3.5 million last year. Fifty-eight percent (58%) of OC cycles were dispensed by clinician providers and 42% by pharmacies, compared to 44% by pharmacies last year.

Contraceptive Injections:¹¹ Twelve percent (12%) of female clients received services related to contraceptive injections and 11% were provided this method. Both dispensing and PDC for contraceptive injections have declined slightly since FY 02/03 – a trend that continues this fiscal year. A higher proportion of female clients under age 35 received services related to contraceptive injections (11%) compared to clients aged 35 and older (8%). Similar to the previous fiscal year, 80% of paid claim lines for injections were from clinician providers and 20% were from pharmacies.

Dedicated Emergency Contraceptive Pill Products (ECPs): ECP dispensing has increased steadily over time.¹² Eighteen percent (18%) of female clients – over 250,000 – received ECPs, up from 15% in FY 03/04, 11% in FY 02/03, 8% in FY 01/02 and 3% in FY 00/01. Some providers may dispense oral contraceptive pills as emergency contraception in lieu of using a dedicated ECP product. As a result, the number of Family PACT clients who received emergency contraception may be greater than 250,000. Eighty percent (80%) of ECP dispensing was done on-site through public providers, 20% through pharmacies, and less than 1% on-site through private providers. There is considerable geographic variation in receipt of ECPs. See Chapter 9 for details on county level provision of select contraceptive methods including emergency contraception.

Contraceptive Patch: The contraceptive patch was added to Family PACT benefits in FY 02/03 and utilization of this method has increased steadily.¹³ Thirty percent more women received the patch this year than last year. In FY 04/05, fifteen percent (15%) of all female clients – over 211,000 – received the patch, up from 12% last year and 5% in FY 02/03, the first year in which it became a program benefit. Seventy-six percent (76%) of paid claim lines for patch dispensing were from pharmacies and 24% from clinician providers dispensing on-site.

⁹ Figure 6-4 differs from Figure 6-3 in that Figure 6-4 includes only female clients and the categories are not mutually exclusive. Clients served under more than one PDC or method type are counted more than once in Figure 6-4.

¹⁰ Clients are counted as being dispensed a "barrier" method if they had a paid claim for any of the following: condom, diaphragm, cervical cap, basal body thermometer, spermicide, or lubricant.

¹¹ Lunelle®, a once a month injection, became a Family PACT benefit on September 1, 2001 and is covered under S20 along with Depo Provera. Pharmaceutical companies initiated a recall and discontinued distribution of Lunelle on October 10, 2002. Lunelle would have only been available until existing supplies were exhausted.

¹² Preven™ became a Family PACT benefit on Nov 1, 1999 but was discontinued by the manufacturer as of May 2004. PlanB® became a Family PACT benefit on February 1, 2001.

¹³ Ortho Evra®, the FDA approved birth control patch, became a Family PACT benefit on Nov 1, 2002 and is included under the S10 PDC along with OCs and the ring.

Contraceptive Vaginal Ring: The vaginal ring, also added to Family PACT benefits during FY 02/03, showed continued increases in utilization.¹⁴ Roughly 2% of female clients – over 25,000 – received the ring this fiscal year (up from 16,000 clients last year and 5,000 when the ring was first added in FY 02/03). Fifty-six percent (56%) of ring dispensing was through pharmacies and 44% was done through clinician providers dispensing on-site.

Intrauterine Contraception (IUC): Five percent (5%) of female clients received IUC-related services, and 1% had an IUC inserted within the year. This rate has been consistent since Family PACT began. Of the 70,758 clients served with IUC-related services, 26% had a paid claim for IUC provision in the year and 15% had a paid claim for IUC removal.

Tubal Sterilization: Fewer than one percent (0.5%) of female clients received services related to tubal sterilization, of which, half had a paid claim for the procedure. The overall proportion of female clients who received a tubal sterilization has steadily declined since program inception from 0.51% in FY 97/98 to 0.27% in FY 04/05. Each year since the beginning of Family PACT, roughly 4,000 clients have been served with a tubal sterilization procedure. Seventeen clients, aged 18-20, received tubal sterilizations in FY 04/05, similar to previous years.¹⁵

Contraceptive Services for Male Clients

Males are eligible for services under the PDCs for Barrier Methods (S50), Vasectomy (S80), and Fertility Evaluation (S90). Figure 6-5 shows the number of male clients served by PDC and the number who were provided contraceptives or supplies, comparable to Figure 6-4 for female clients.

While the proportion of female clients who receive contraceptive method provision has remained relatively stable over time (between 73% and 72% from FY 99/00 to FY 04/05), there has been a steady decline in the proportion of males receiving a method from 70% in FY 99/00 to 53% in FY 04/05. See Figures 6-2 and 6-5.

Figure 6-5
Utilization of Family PACT Services by Male Clients, FY 04/05
N=176,209

	Clients with Clinician Services Under the PDC ^a		Clients Who Were Provided the Method ^b	
	Number	Percent ^c	Number	Percent ^c
Barrier Methods (S50)	159,190	90.3%	92,593	52.5%
Vasectomy (S80)	2,417	1.4%	1,121	0.6%
Fertility Evaluation (S90)	3,573	2.0%	NA	NA
No Clinician Provider Visit	12,590	7.1%	NA	NA
No Method	NA	NA	83,163	47.2%

NA = Not Applicable

a Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

b May not have been served under the PDC by a clinician. For example, condoms dispensed by a pharmacy.

c Columns do not add to 100% because some clients may be served under more than one PDC and/or received more than one method type.

Source: Family PACT Claims Data

Barrier Methods: Barrier methods have consistently been the most commonly utilized service by male clients and this trend continued in FY 04/05. The proportion of men receiving services under S50 in FY 04/05 was 90%, similar to last year. The proportion of all male clients dispensed a barrier method has steadily declined over the last seven years from 74% in FY 98/99 to 53% in FY 04/05.

Vasectomy: Just over one percent (1.4%) of male clients received vasectomy-related services, and 0.6% had a vasectomy – slightly lower than the previous fiscal year (0.7%). The percentage of men undergoing a vasectomy declined steadily from FY 97/98 (3.7%) to FY 02/03 (0.6%), increased slightly last year (0.7%) and dropped slightly in FY 04/05 to 0.6%. From program inception, the number of vasectomy procedures reimbursed each year has been just over 1,000. There were 1,293 male clients who underwent a vasectomy in FY 03/04 compared to 1,121 this fiscal year. Eighty-nine percent (89%) of male clients with a vasectomy were served by public providers – similar to previous fiscal years. Only three clients, aged 18-20, received a vasectomy in FY 04/05 – similar to previous years.¹⁶

14 NuvaRing®, an FDA approved vaginal birth control ring, became a Family PACT benefit on Nov 1, 2002 and is included under the S10 PDC along with OCs and the patch.

15 Family PACT adopted federal regulations for sterilization consent on February 1, 2006. Federal regulations require patients be age 21 or older at the time of signing for consent, which must be at least 30 days, but not more than 180 days before the procedure. Prior to adoption of federal regulations, California State regulations for sterilization consent (form PM 284) applied to Family PACT clients. State regulations required that patients be age 18 or older and have signed a consent form 180 days prior to sterilization – a period which could be waived to 72 hours.

16 See footnote 14.

Contraceptive Services for Adolescent Clients

Service utilization patterns showed some variance by client age. See Figures 6-6 and 6-7. The primary differences between adolescents and adults were:

- Adolescent clients received a contraceptive method more frequently than adults. Eighty percent (80%) of female adolescents had a method dispensed, compared to 71% of female adults. Sixty-six percent (66%) of male adolescents had a method dispensed, compared to 50% of male adults.
- Female adolescents received emergency contraceptives more frequently than adults (34% compared to 14%).
- Both female and male adolescents were more frequently dispensed barrier methods (58% and 66%, respectively) than adults (41% and 50%, respectively).
- Female adolescents were dispensed the patch slightly more frequently than adults (16% vs. 15%) and dispensed the vaginal ring slightly more frequently than adults (2.1% vs. 1.7%).
- Last year the provision of contraceptive injections declined by 11% among both adolescents and adults. This year, there was an 11% decline for adolescents and a 6% decline for adults.
- Female adolescents were more frequently dispensed oral contraceptives than adults (37% compared to 31%), a consistent trend since FY 98/99.
- Since program inception and including this fiscal year, female adolescent clients have received services related to IUCs less frequently than adults. In FY 04/05 the proportion of clients receiving such services was 1% for adolescents vs. 6% for adults.
- Fewer female and male adolescents received services related to sterilization (0.02% and 0.01%, respectively) than adults (0.66% and 1.67% respectively).
- Female adolescents more often received services related to pregnancy testing (13%) than adults (9%).

Figure 6-6

Utilization of Family PACT Services by Female Clients^a, FY 04/05
N=275,422 Adolescents and 1,131,028 Adults

	Clients Served by a Clinician Under the PDC ^b		Clients Who Were Provided the Method ^c	
	Adolescents ^d	Adults ^d	Adolescents ^d	Adults ^d
OCs/ Patch/Ring (\$10)	58.6%	51.2%	50.9%	45.3%
Oral Contraceptives	NA	NA	36.6%	31.3%
Patch	NA	NA	15.6%	14.9%
Vaginal Ring	NA	NA	2.1%	1.7%
Contraceptive Injections (\$20)	12.7%	12.2%	11.1%	10.7%
IUC (\$40)	1.1%	6.0%	0.4%	1.5%
Barrier Methods/FAM (\$50)	36.3%	35.0%	58.1%	41.2%
Pregnancy Testing (\$60)	12.5%	9.2%	NA	NA
Tubal Sterilization (\$70)	<0.1%	0.7%	<0.1%	0.3%
Fertility Evaluation (\$90)	0.7%	2.5%	NA	NA
Dedicated Emergency Contraceptive Pills	NA	NA	33.8%	14.3%
No Clinician Provider Visit	4.4%	7.3%	NA	NA
No Method	NA	NA	20.2%	28.8%

NA = Not Applicable

a Excludes 5 female clients with unknown age.

b Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

c May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.

d Columns may not add to 100% because some clients may be served under more than one PDC or method type.

Source: Family PACT Claims Data

Figure 6-7

Utilization of Family PACT Services by Male Clients^a, FY 04/05
N=31,265 Adolescents and 144,943 Adults

	Clients Served By Clinician Under the PDC ^b		Clients Who Were Provided the Method ^c	
	Adolescents ^d	Adults ^d	Adolescents ^d	Adults ^d
Barrier Methods/FAM (\$50)	94.7%	89.4%	66.4%	49.5%
Vasectomy (\$80)	<0.1%	1.7%	<0.1%	0.8%
Fertility Evaluation (\$90)	0.3%	2.4%	NA	NA
No Clinician Provider Visit	5.1%	7.6%	NA	NA
No Method	NA	NA	33.5%	50.1%

NA = Not Applicable

a Excludes one male client with unknown age.

b Primary Diagnosis Codes (PDC) are Family PACT specific billing codes.

c May not have been served under the PDC by a clinician. For example, condoms dispensed at a pharmacy.

d Columns may not add to 100% because some clients may be served under more than one PDC or method type.

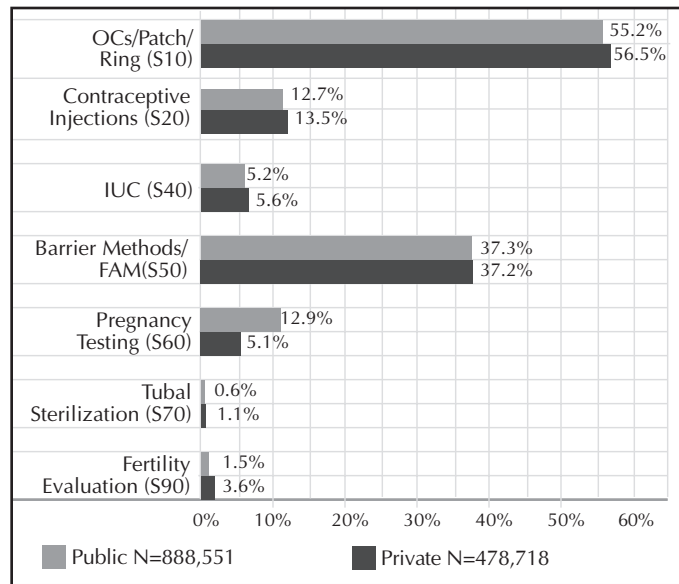
Source: Family PACT Claims Data

Contraceptive Services by Provider Sector

Overall, the distribution of method-related services was similar for public and private clinician providers. See Figure 6-8. Notable differences were:

- Since program inception through last fiscal year, private providers served a higher proportion of female clients under the Barrier Methods PDC (S50) than public providers. This year, that trend appears to have stabilized – 37% of female clients served by private providers were served under the S50 PDC – the same proportion as served by public providers.
- Consistent with previous years, public providers served a higher proportion of female clients under the Pregnancy Testing PDC compared to private providers (13% compared to 5%, respectively).
- For the last three years, oral contraceptive dispensing has occurred almost exclusively through public providers and through pharmacies. Of all clients who were served with OC dispensing in FY 04/05, 50% received them on-site through public providers, 53% received them from pharmacies and 1% received them on-site through private providers.¹⁷ Private providers have historically done little OC dispensing on-site and what on-site dispensing they have done has decreased over time (from 3% of OC clients in FY 99/00 to 1% in FY 04/05), suggesting private providers may rely increasingly on pharmacies for OC dispensing to their clients.
- Consistent with previous years, private providers served a slightly higher proportion of clients under the fertility evaluation PDC (S90) than public providers (3.6% compared to 1.5% respectively).
- Since program inception and including this year, private providers had a higher proportion of clients served with a tubal sterilization procedure compared to public providers (0.7% compared to 0.3%, respectively).
- Public providers have historically had a higher proportion of clients served with a vasectomy procedure than private providers – a trend that continued this year (1% compared to 0.3%, respectively).

Figure 6-8
Percent of Family PACT Female Clients Served by PDC^a
and Provider Sector, FY 04/05



Note: Percentages add to more than 100% because a client may receive services under more than one PDC.

a Primary Diagnosis Codes (PCD) are Family PACT specific billing codes.

Source: Family PACT Claims Data

¹⁷ Percents add to more than 100% because clients can be dispensed OCs from more than one provider type.

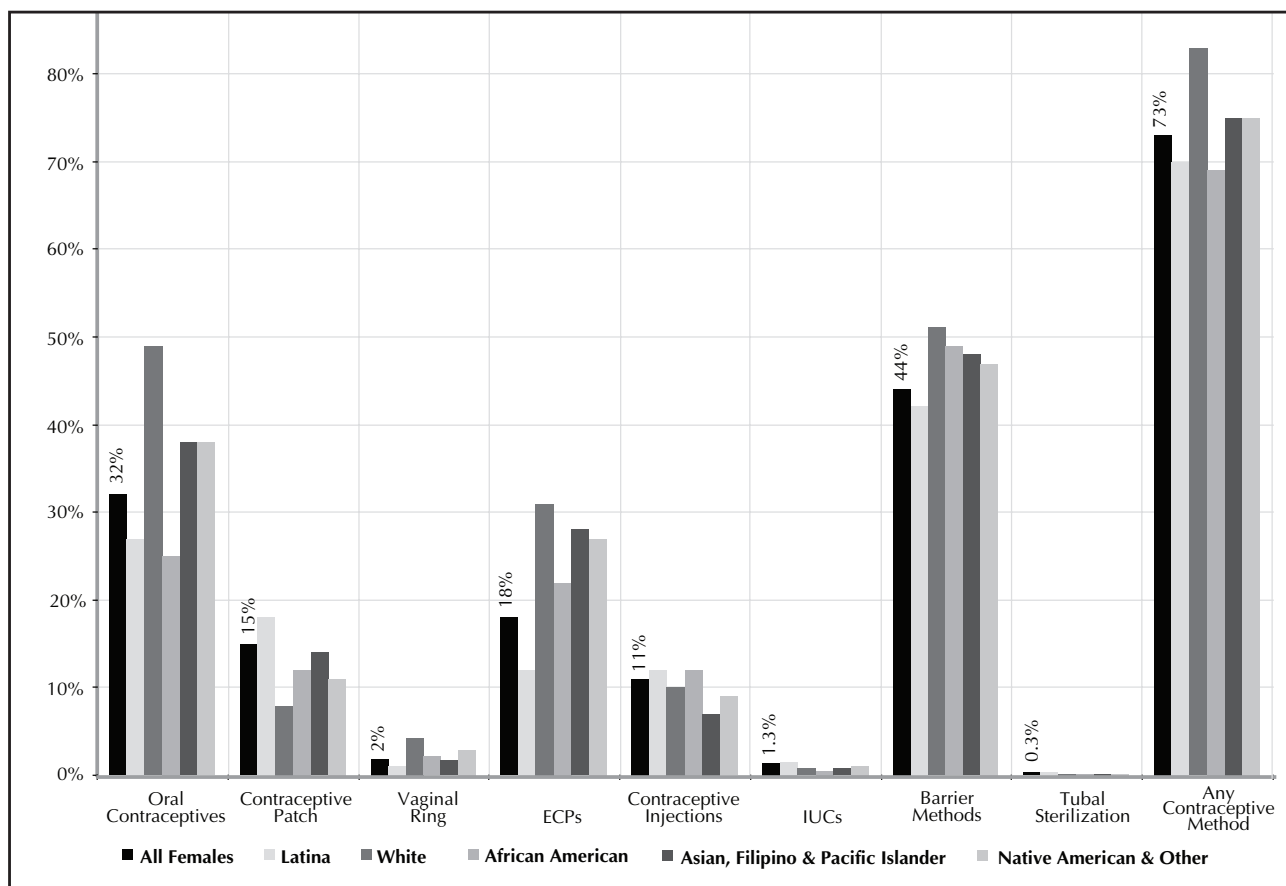
Contraceptive Method Provision by Client Race/Ethnicity

Among females, all racial/ethnic groups showed slight declines in the proportion being dispensed long-acting methods this year as compared to last year. See Figure 6-9. Among males, all racial/ethnic groups showed a decline in the proportion being dispensed any method. While differences in provision of contraceptive methods by client race/ethnicity are noted in this section, claims data cannot sufficiently explain whether these variations are due to client preference or provider behavior.

- Latina women received services related to highly effective, long-acting methods (injection, IUC, implant, and tubal sterilization) slightly more frequently than women of other groups. Thirteen percent (13%) of Latinas were dispensed long-acting methods, compared to 7%-12% for all other groups.
- A substantially lower proportion of Latinas received ECPs compared to women of other ethnicities (12% vs. 22-31%) – a trend observed since ECPs were added to the program.
- Latina women received the contraceptive patch at the highest rate (18%) and white women at the lowest (8%).

- White women were dispensed OCs most often (49% vs. 25-38% for all other groups) and were dispensed ECPs most frequently (31% vs. 12-28%). White women also received the vaginal ring at the highest rate (4.3% compared to 1.0-2.9% for all other racial/ethnic groups).
- African American women received OCs less often than any other group (25% vs. 27%-49%) as well as IUCs (0.4% vs. 0.7-1.6%).
- Of all racial/ethnic groups, Latina and African American women received contraceptive injections at the highest rate (12%) while Asian/Filipino/Pacific Islander women received injections at the lowest rate (7%).
- White men underwent a vasectomy most frequently (1.1% vs. 0.2-0.8%).
- African American men were dispensed barrier methods most frequently (63% vs. 49-59% among all other groups) and underwent vasectomy procedures least frequently than any other racial/ethnic group (0.2% vs. 0.6-1.1%).

Figure 6-9
Percent of Female Clients Served by Contraceptive Method Provided and Client Race/Ethnicity, FY 04/05



Note: Each bar shows female clients who had a paid claim for a contraceptive method within the year, as a proportion of all female clients served by race/ethnicity. Percentages do not add to 100% because a client may receive more than one method or none at all.
Source: Family PACT Claims Data

Overview

The detection and treatment of sexually transmitted infections (STIs) are critical components of family planning and reproductive health services.¹ STI testing of clients served within fiscal years has leveled off in recent years of the program. Sixty-two percent (62%) of Family PACT clients received an STI test² in FY 04/05, the same percentage as in the three previous fiscal years. See Figure 7-1.

For FY 04/05 the volume of STI tests reimbursed under Family PACT – roughly 2.8 million – was virtually unchanged from the previous year. Prior to this year the elimination of hepatitis B tests from Family PACT benefits resulted in a marked decline in overall STI test volume from 3.4 million tests in FY 02/03 to 2.8 million in FY 03/04.

Of the 2.8 million STI tests, over two-thirds (70.5%) were for chlamydia and gonorrhea, slightly higher than the previous year (70.0%). See Figure 7-2.

Of particular note in STI test utilization are the continuing changes in chlamydia and gonorrhea test types which have implications for both quality of care and program reimbursement. Although there are a number of different chlamydia and gonorrhea test types available in Family PACT, nucleic acid amplification tests (NAATs) have the highest sensitivity³ and specificity⁴ and are recommended in the 2002 Centers for Disease Control (CDC) Laboratory Guidelines. NAATs facilitate expanded screening because non-invasive specimens such as urine can be used and do not require cervical or urethral specimens. In FY 04/05, 92% of all chlamydia tests were NAATs (up from 89% in FY 03/04). See Figure 7-3.

Although the continuing shift towards utilization of NAATs is consistent with Family PACT Program Standards as well as CDC guidelines, NAATs are roughly twice as expensive as other, less sensitive test types and therefore have had a considerable impact upon increases in laboratory reimbursement (See Chapter 8).

Figure 7-1
Percent of All Family PACT Clients Served with STI Tests

	Clients Served				
	FY 00/01	FY 01/02	FY 02/03 ^a	FY 03/04 ^a	FY 04/05
	Percent of Clients Served ^a	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served	Percent of Clients Served
	N=	N=	N=	N=	N=
STI Test	1,165,568	1,334,653	1,453,790	1,430,717	1,449,791
Any STI Test	61%	62%	62%	62%	62%
Chlamydia	54%	57%	57%	58%	58%
Gonorrhea	53%	55%	56%	55%	55%
Syphilis	26%	30%	30%	25%	25%
Hepatitis B ^b	22%	25%	17%	N/A	N/A
HIV	25%	29%	30%	27%	26%
HPV ^c	<1%	<1%	<1%	<1%	2%
Genital Herpes	1%	<1%	<1%	<1%	<1%
Other STI Test	2%	1%	1%	1%	<1%

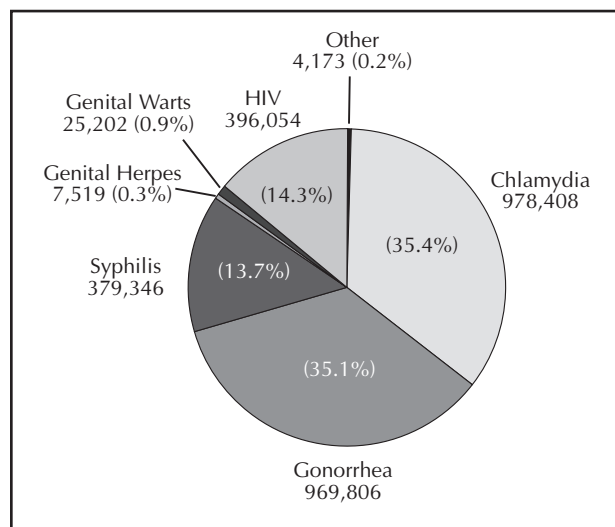
^a For FY 02/03, data includes 8,325 paid claim lines (tests) for combined test code for gonorrhea & chlamydia (CPT code: 87800) added to the Family PACT benefits package on February 15, 2003. As this chapter examines testing practices, these claim lines (tests) were counted twice: once under chlamydia tests and once under gonorrhea tests as this test screens for both infection types. For FY 03/04 there were 31,311 claim lines (tests) of this type and for FY 04/05 there were 28,790 tests of this type - also counted twice in this chapter.

^b Hepatitis B testing was removed from Family PACT benefits on February 15, 2003 therefore, there were no claims for Hepatitis B tests in FY 03/04 or FY 04/05.

^c Human Papillomavirus

Source: Family PACT Claims Data

Figure 7-2
Number and Percent of STI Tests in Family PACT, FY 04/05
N=2,760,508



Source: Family PACT Claims Data

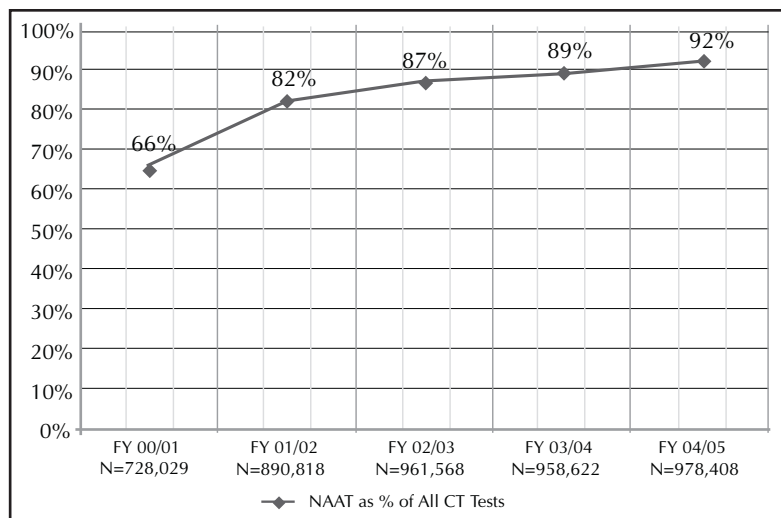
¹ Monitoring of STI treatment, as in previous fiscal years, is not possible due to the use of group codes for billing of anti-infectives dispensed on-site.

² 62%= 902,473 clients served with STI tests/1,449,791 clients served. All denominators in this chapter exclude clients served only with pregnancy tests and/or pharmacy services. Males became eligible for STI testing in January 2000.

³ Sensitivity is defined as the percent of true positives detected by test/true positives+ false negatives.

⁴ Specificity is defined as the percent of true negatives detected by test/true negatives + false positives.

Figure 7-3
Nucleic Acid Amplification Tests (NAAT) as a Proportion of All Chlamydia (CT) Tests, FY 00/01 - FY 04/05



Source: Family PACT Claims Data

STI Test Utilization among Female Clients

Sixty-one percent (61%) of female clients received STI testing in FY 04/05, the same as in the three previous years. The proportion of females tested for chlamydia within the year showed a slight increase over last year and there were slight decreases in the proportion of female clients tested for gonorrhea, syphilis and HIV. See Figures 7-4 and 7-5.

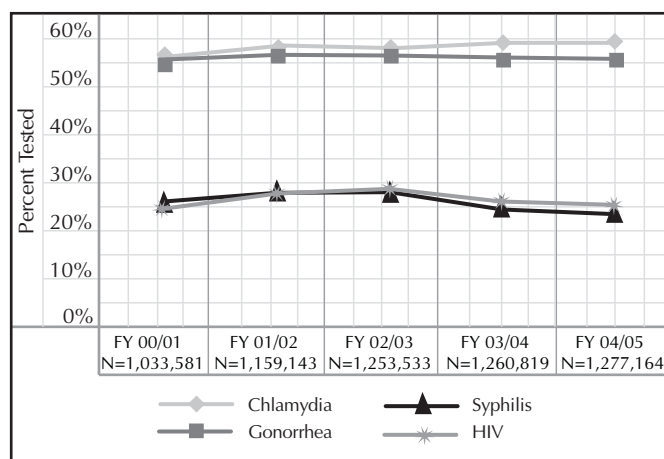
Chlamydia: Fifty-seven percent (57%) of female clients were tested for chlamydia in FY 04/05, the same proportion tested in the previous year. Ninety-one percent (91%) of all chlamydia tests among females were NAATs. Family PACT Program Standards, in accordance with national screening guidelines, recommend that all sexually active females aged 25 and under be screened annually for chlamydia and older women with risk factors, such as a new sex partner or multiple sex partners, be screened.⁵ To evaluate whether providers are adhering to program and national guidelines for chlamydia screening, an additional methodology for estimating chlamydia screening coverage was used.

Figure 7-4
Percent of Family PACT Clients Served with STI Tests by Sex, FY 04/05

STI Test	Female Clients Percent N=1,277,164	Male Clients Percent N=172,627
Any STI test	61%	73%
Chlamydia	57%	67%
Gonorrhea	53%	66%
Syphilis	21%	50%
HIV	23%	50%
HPV	2.0%	N/A
Genital herpes	0.5%	0.8%
Other STI Test	0.3%	0.2%

Source: Family PACT Claims Data

Figure 7-5
Percent of Female Family PACT Clients Tested for Selected STIs FY 00/01 – FY 04/05



Source: Family PACT Claims Data

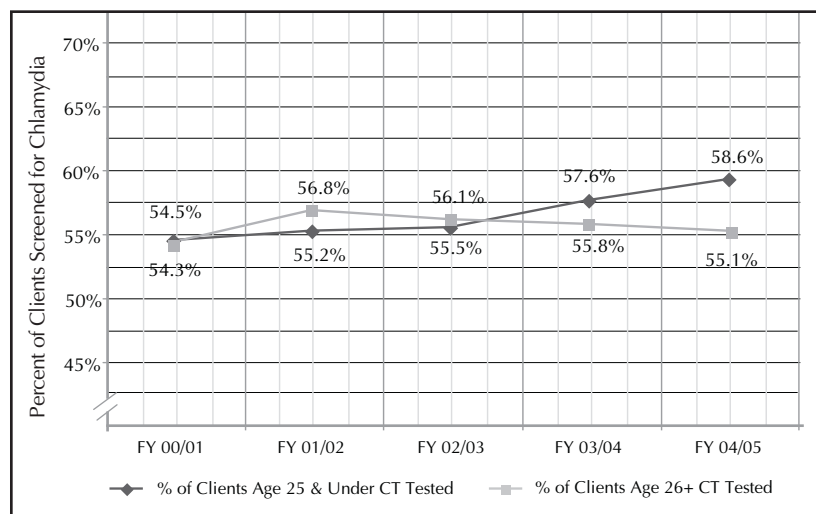
⁵ 2002 Centers for Disease Control and Prevention STD Treatment Guidelines; 2001 US Preventative Services Task Force Screening Guidelines; Family PACT Clinical Alert of June 2003.

As indicated in Figure 7-6, 58.6% of female clients ages 25 and younger were tested for chlamydia within FY 04/05; however, this is an underestimate of the proportion of young women who were screened within the past 12 months of service as it is based solely on tests that occurred within the fiscal year. Using an expanded window of time to assess chlamydia screening within the past 12 months for clients served within the fiscal year, the proportion of female clients ages 25 and younger screened was 69%. Private providers screened 73% of young female clients and public providers screened 66%, up from 72% and 65% respectively in FY 03/04 and 69% and 61% respectively in FY 02/03.⁶ Overall, trends in CT testing among young women reflect progress toward achieving the program goal of at least 80%.

Chlamydia testing for female clients ages 25 and under should be significantly higher than for older women. However, as illustrated in Figure 7-6, the proportion of female clients over age 25 tested for chlamydia within the fiscal year was similar to that of younger females (55.1 %)⁷, continuing a trend seen in previous years. When using the expanded time frame for analysis of chlamydia screening, 67% of older female clients were screened. Private providers screened a larger proportion of older clients (72%), compared to public providers (62%) – both rates were unchanged from FY 03/04. Based on behavior data, a rate of no more than 50 percent for women over age 25 would be appropriate, if targeted screening were fully practiced.⁸

Figure 7-6

Trends in the Percent of Female Clients Screened for Chlamydia by Age, FY 00/01 to FY 04/05



Source: Family PACT Claims Data

To assess the prevalence of chlamydia and gonorrhea among Family PACT clients, test result data was obtained from Quest/Unilab laboratories for FY 04/05. Among female clients aged 25 and under, 5% of chlamydia tests and 0.8% of gonorrhea tests were positive. Among females over age 25, 2% of chlamydia tests were positive and 0.3% of gonorrhea tests were positive. See Figure 7-7.

Figure 7-7

Chlamydia and Gonorrhea Positivity among Female Family PACT Clients Served by Quest/Unilab Laboratories, by Age, FY 04/05

Client Age	Chlamydia		Gonorrhea	
	No. of Tests	% Positive	No. of Tests	% Positive
25 Yrs. & Under	113,762	5	92,618	0.8
26 Yrs. & Over	81,205	2	73,562	0.3

Source: Quest/Unilab test result data

Gonorrhea: The trend in NAATs as the predominant chlamydia test type in Family PACT has impacted gonorrhea test type utilization as well because NAATs have been designed to detect both chlamydia and gonorrhea in a single specimen. Thus, as with chlamydia, the majority of gonorrhea tests are also NAATs. This year, the proportion of female clients tested for gonorrhea declined slightly – down to 53% from 54% in the previous three years. This level of gonorrhea testing may not be cost-effective since gonorrhea prevalence in family planning settings has been consistently less than 1% (See Figure 7-7).

Syphilis: Twenty-one percent (21%) of female clients were tested for syphilis, down from 22% in FY 03/04 and 26% in FY 01/02 and FY 02/03. Fewer than 1% of those screened underwent syphilis confirmatory testing, similar to previous years.

HIV: Family PACT covers confidential HIV testing only, as opposed to anonymous HIV testing. Twenty-three percent (23%) of female clients were tested confidentially for HIV, down from 24% in FY 03/04 and 26% in FY 02/03 and 01/02. To the extent that clients are tested anonymously using other funding sources, these data underestimate the proportion of Family PACT clients tested for HIV. Fewer than 1% of those tested received a confirmatory HIV test, similar to previous years.

⁶ The methodology used to calculate screening rates by provider sector for the expanded window timeframe was revised in FY 03/04. These rates differ from overall rates of Family PACT chlamydia testing within the fiscal year (also presented in this chapter). Provider specific screening rates were calculated using only clinician providers who served at least 100 female clients under age 26 and/or 100 female clients aged 26 and over in the fiscal year. Clients who received pregnancy test services only (PDC=S60) were excluded. See Appendix I for complete details on methodology.

⁷ Proportions based on the number of female clients CT tested in the year / the number of female clients served in the year.

⁸ Clinical Practice Alert, Gonorrhea and Chlamydia Screening, June 2006, STD Control Branch Over 20 Study, 2006, and California Project Area Infertility Prevention Project, 2005.

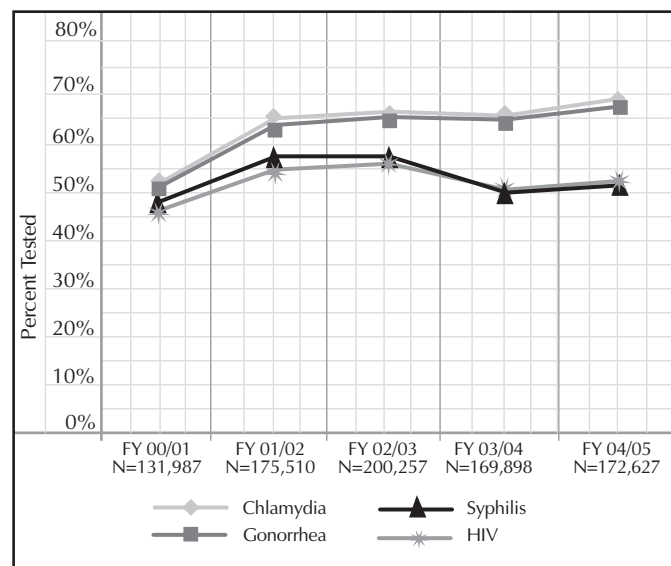
Human papillomavirus (HPV): HPV testing became a benefit of the Family PACT Program as of July 2000. HPV testing is restricted to reflex testing of Pap tests when results indicate atypical squamous cells of undetermined significance (ASCUS) and is not used for HPV screening within the Family PACT program. Two percent (2%) of female clients served received HPV testing during FY 04/05 – the same percentage as in FY 03/04 but up from <1% in FY 02/03. While the volume of HPV tests increased by 41% from FY 02/03 to FY 03/04, this year there was a slight decline in the number of HPV tests.

STI Test Utilization among Male Clients

Seventy-three percent (73%) of male clients received STI testing in FY 04/05, up from 70% in FY 03/04 and 72% in FY 02/03 and FY 01/02. While STI testing for males appeared to level out in FY 03/04 and there were notable declines in syphilis and HIV testing, the proportion of males tested for STIs showed slight increases for all test types in FY 04/05. See Figure 7-8.

Figure 7-8

Percent of Male Family PACT Clients Tested for Selected STIs, FY 00/01 to FY 04/05



Source: Family PACT Claims Data

Chlamydia: Currently, there are no program or national chlamydia screening guidelines for males. Sixty-seven percent (67%) of male clients were tested for chlamydia in FY 04/05, up from 64% the three previous years.

Gonorrhea: Sixty-six percent (66%) of male clients were tested for gonorrhea in FY 04/05, up from 63% in FY 03/04 and 64% in FY 02/03.

Syphilis: Last year there was a notable reduction in the proportion of male clients tested for syphilis from 56% in FY 02/03 to 48% in FY 03/04; however, this year, there was a slight increase over last year – 50% of male clients were tested for syphilis in FY 04/05. Fewer than 1% of those tested received confirmatory syphilis testing.

HIV: This year, 50% of male clients were tested for HIV, up from 49% in FY 03/04, but down from a high of 55% in FY 02/03. As with females, these data underestimate the proportion of male clients tested for HIV to the extent that those tested anonymously using other funding sources are not included. Fewer than 1% of clients tested received a confirmatory HIV test.

STI Test Utilization among Adolescent Clients

Fifty-seven percent (57%) of female adolescent clients received at least one STI test in FY 04/05, compared to 61% of female adult clients. Sixty-four percent (64%) of male adolescent clients received at least one STI test in FY 04/05 compared to 74% of male adults. Based on national and state specific prevalence data for chlamydia which consistently show the highest prevalence occurring in adolescents, this age group has been an important target for increasing access to chlamydia screening in accordance with CDC screening guidelines; however, in FY 04/05 as in previous years, a slightly higher proportion of adult clients were tested for chlamydia and gonorrhea, among both males and females. See Figure 7-9.

Figure 7-9

Percent of Family PACT Clients Served with Chlamydia or Gonorrhea Testing, by Sex and Age, FY 04/05

STI Test Type	Females		Males	
	Adolescents N=250,638	Adults N=1,026,520	Adolescents N=30,901	Adults N=141,725
Chlamydia	56%	57%	62%	66%
Gonorrhea	52%	54%	61%	67%

Source: Family PACT Claims Data

Overview¹

Total reimbursement for Family PACT services increased 1% in FY 04/05, reaching a historical high of \$416 million. For the first time, Medi-Cal made available data on drug rebates for this report. Estimated rebates for drugs dispensed to Family PACT clients by pharmacy providers amounted to \$31 million in FY 04/05.² Applying the estimate would decrease the total reimbursement from \$416 to \$385 million. Because drug rebate estimates were available for only three years and did not include detailed breakdowns for specific drugs, reimbursement analysis in this chapter is limited to total reimbursement.

The 1% increase in reimbursement in FY 04/05 follows a 1% decline in FY 03/04. While total reimbursement increased, reimbursement per client declined for the first time, down to \$263, not including rebates. Reimbursement per client has been remarkably stable since FY 01/02 when it was \$262. See Figures 1-5, 1-6 and 8-1.

As is the case every year, four service types accounted for over three-quarters of all Family PACT reimbursements: Evaluation and Management (E&M) services (18%), Education and Counseling (E&C) services (7%), contraceptive drugs (36%), and STI testing (18%). The share of reimbursement attributable to contraceptive drugs continued to grow in FY 04/05 and made up 36% of all Family PACT reimbursements, up from 32% in FY 03/04 and 26% in FY 02/03. Over this same period of time, the share of reimbursement attributable to E&M and E&C services has remained fairly steady and the share attributable to STI testing has declined from 22% in FY 02/03, to 19% in FY 03/04 and 18% in FY 04/05.

Figure 8-1
Family PACT Reimbursement by Service Type FY 04/05

Service	Clients Served ^a	Reimbursement			Average Reimbursement Per Client	
	Number	Amount	% of Total	% Chg from FY 03/04	Amount	% Chg from FY 03/04
Clinician Services						
E&M Codes ^b	513,332	\$29,570,883	7%	-8%	\$57.61	-2%
- New Clients						
E&M Codes ^b	910,285	\$45,230,887	11%	2%	\$49.69	-2%
- Established Clients						
E&C Codes ^c	843,393	\$28,947,530	7%	-9%	\$34.32	-6%
Method Related Procedures	34,276	\$4,023,698	1%	-3%	\$117.39	1%
Facility Fees	52,614	\$3,528,469	1%	1%	\$67.06	-1%
Dysplasia Services	38,007	\$4,427,717	1%	-5%	\$116.50	-3%
Other Surgical Procedures ^d	11,644	\$1,297,243	<1%	20%	\$111.41	-4%
Mammography	14,706	\$977,199	<1%	24%	\$66.45	2%
Other Clinical Procedures ^d	909	\$79,533	<1%	-75%	\$87.49	-27%
Subtotal Clinician Services	1,452,339	\$118,083,159	28%	-4%	\$81.31	-5%
Drug & Supply Services						
Contraceptive Drugs	857,683	\$150,723,421	36%	13%	\$175.73	-6%
Non-Contraceptive Drugs	399,233	\$27,029,832	6%	-4%	\$67.70	4%
Barrier Supplies	717,993	\$10,913,824	3%	-16%	\$15.20	2%
Subtotal Drug & Supply Services	1,210,242	\$188,667,077	45%	8%	\$155.89	1%
Laboratory Services^d						
STI Tests	902,473	\$75,296,648	18%	-1%	\$83.43	-3%
Pap Tests	679,150	\$17,488,647	4%	-2%	\$25.75	-3%
Pregnancy Tests	655,779	\$4,391,007	1%	-18%	\$6.70	-10%
Method Related	383,547	\$4,629,672	1%	-30%	\$12.07	-20%
Specimen Handling Fees	278,037	\$1,102,287	<1%	-5%	\$3.96	-1%
Other Lab Tests	239,135	\$6,274,036	2%	2%	\$26.24	14%
Subtotal	1,278,116	\$109,182,296	26%	-4%	\$85.42	-4%
GRAND TOTAL	1,582,664	\$415,932,531	100%	1%	\$262.81	-1%

a Clients served do not add to the subtotals because clients may receive more than one service.

b E&M: Evaluation and Management.

c E&C: Education and Counseling.

d Categorization changed in FY 02/03. Surgical Procedures was renamed Method Related Procedures and the one non-method related procedure is now grouped with Other Clinician Services. For more information see Appendix I and II.

Source: Family PACT Claims Data

¹ Only paid claims for dates of service within FY 04/05 were used for this report. Almost 18 million Family PACT claims with dates of service in FY 04/05 were submitted for reimbursement. Twenty-one percent (3.8 million) of them were denied and are not included in this report. Reimbursement data can be reported on the basis of date-of-service (DOS) or date-of-payment (DOP). Reimbursement for DOS in FY 04/05 was \$416 million, and reimbursement for DOP in FY 04/05 was \$405 million. The two numbers are usually within 10% of each other.

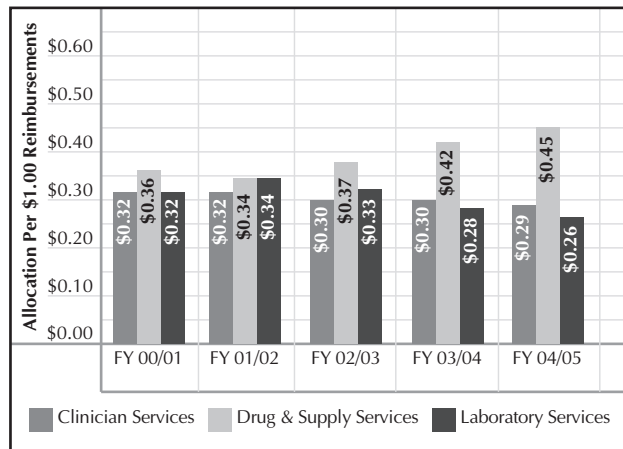
² May 2006 Medi-Cal Estimate, Page 118 of 139. Estimates were provided for fiscal years 02/03 through 04/05.

For every dollar reimbursed:

- Twenty-nine cents were spent for clinician services, 45 cents for drug and supply services, and 26 cents for laboratory services. Drug and supply services continue to take a larger share of each dollar spent at the expense of clinician and laboratory services. See Figure 8-2.

Figure 8-2

Trends in Family PACT Reimbursement by Service Type

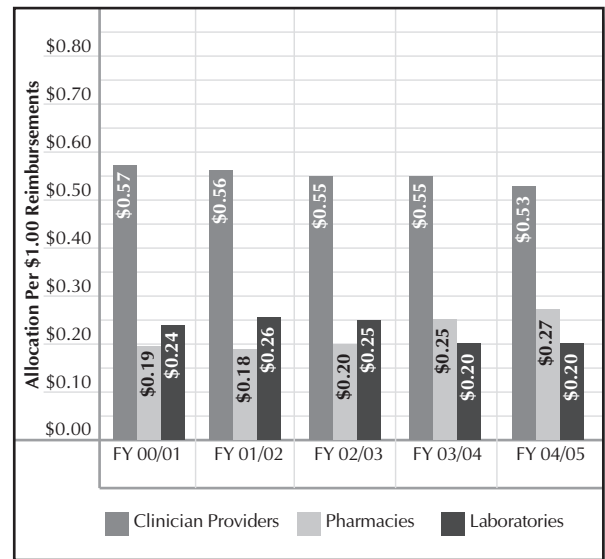


Source: Family PACT Claims Data

- Fifty-three cents were paid to clinician providers (who can be reimbursed for all three types of service), 27 cents to pharmacy providers, and 20 cents to laboratory providers. See Figure 8-3. Not surprisingly, the share paid to pharmacies continues to increase as the per dollar share for drug and supply services increases. The 53 cents paid to clinician providers included 29 cents for clinician services, 18 cents for drug and supply services, and 6 cents for laboratory services.

Figure 8-3

Trends in Family PACT Reimbursement by Provider Type

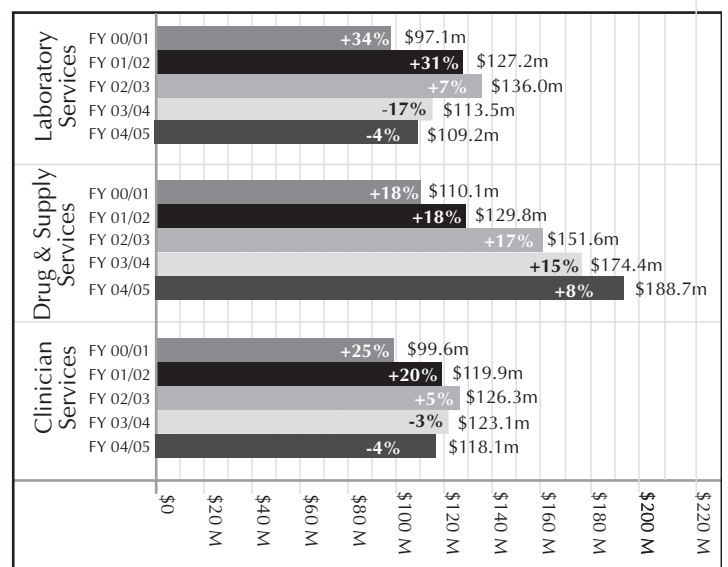


Source: Family PACT Claims Data

Total reimbursement increased by \$5 million between FY 03/04 and FY 04/05, while changes in reimbursement by service type were mixed. Reimbursement for drug and supply services continued to increase (8%), though at a rate lower than in the past (15% to 18%), while reimbursement for both clinician services (-4%) and laboratory services (-4%) continued the pattern of decline that began last fiscal year. See Figure 8-4.

Figure 8-4

Trends in Total Family PACT Reimbursement by Service Type



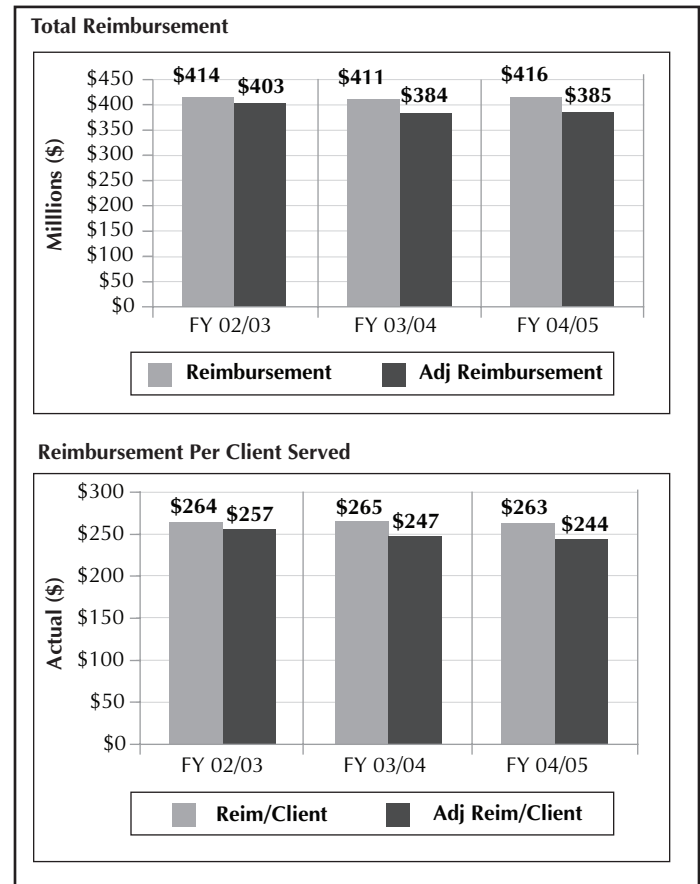
Source: Family PACT Claims Data

Drug Rebates and Family PACT Reimbursement

Federal law requires drug manufacturers to pay state Medicaid³ agencies a quarterly rebate on brand name drugs. These rebates are only applicable to pharmacy dispensed drugs and equal at least 15.1% off the Average Manufacturer's Price (AMP). These drug rebates lower the cost of the Family PACT program to both the state and federal governments. However, prior to FY 04/05 the dollar amount for drug rebates applicable to the Family PACT Program had not been available for the Family PACT annual report. MediCal estimates the Family PACT portion of the federal rebate for pharmacy dispensed drugs to be \$31 million for FY 04/05.

Applying the estimate of \$31 million in drug rebates would decrease the total dollars spent on drug and supply services by 16% in FY 04/05, from \$189 million to \$158 million. This lowers total reimbursement to \$385 million and reimbursement per client from \$263 to \$244. See Figure 8-5.

Figure 8-5
Family PACT Reimbursement Adjusted for Drug Rebates



Source: Family PACT Claims Data

³ Medi-Cal is California's Medicaid program and, as such, provides health care and prescription drugs to low-income and disabled residents.

Factors Affecting the Change in Reimbursement

The return to growth in reimbursement is a result of the 2% increase in the number of clients served by Family PACT. Changes in cost and utilization were negative in FY 04/05 with decreases for clinician and laboratory services more than offsetting increases for drug and supply services. The negative cost and utilization changes were a result of declines in utilization (measured by claim lines per client served) outweighing increases in costs (measured by reimbursement per claim line); claim lines per client declined by 5% in FY 04/05 while reimbursement per claim increased by 4%. A notable trend is the continued shift from on-site to pharmacy dispensing. This shift is important because, in general, pharmacy dispensing is considerably more expensive per claim, even when taking into account drug rebates. On average, Family PACT pays \$22 more per claim for pharmacy dispensing before drug rebates and \$10 more per claim after rebates. See Figures 8-6 and 8-7.

Figure 8-6
Change in Family PACT Reimbursement
by Service Type

The \$5 million increase in reimbursement between FY 03/04 and FY 04/05 is attributable to the following factors:		
Change in Reimbursement Attributable to:	Change in Reimbursement	% of Change in Reimbursement
Changes in Family PACT clients served ^a	\$7,623,187	152%
Changes in Cost & Utilization ^b	-\$2,596,777	-52%
Clinician Services ^c	-\$7,253,998	
Drug & Supply Services	\$11,073,916	
Laboratory Services ^d	-\$6,416,695	
Total Change in Reimbursement	\$5,026,410	100%

- a The change in reimbursement due to changes in Family PACT clients served is due to an increase in the number of clients served, from 1,553,837 in FY 03/04 to 1,582,664 in FY 04/05.
- b In this and subsequent rows of this table, the figures represent the \$ change attributable to cost (reimbursement/claim line) and utilization (claim lines/client) only; they do not include the portion of the increase which is attributable to the increase in clients served.
- c The change in reimbursement due to cost & utilization changes of Clinician Services is negative due to (1) a decrease in claim lines per client, from 2.81 in FY 03/04 to 2.72 in FY 04/05 and (2) a decrease in cost per claim line from \$30.36 in FY 03/04 to \$29.86 in FY 04/05.
- d The change in reimbursement due to cost & utilization changes of Laboratory Services is negative due to a decrease in claim lines per client from 5.15 in FY 03/04 to 4.83 in FY 04/05. This effect is mitigated somewhat by an increase in cost per claim line from \$17.27 in FY 03/04 to \$17.69 in FY 04/05.

Source: Family PACT Claims Data

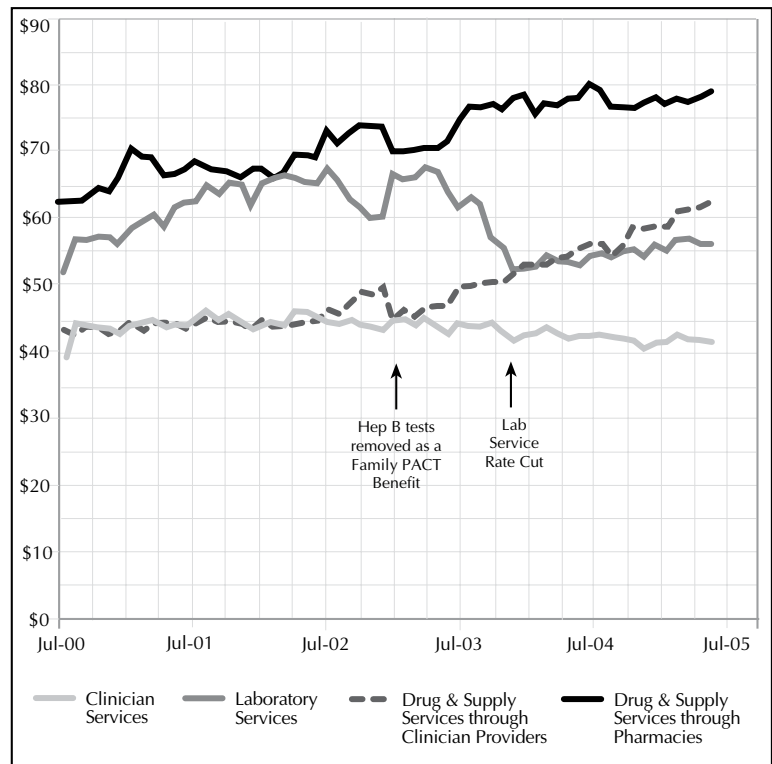
Figure 8-7
Family PACT Cost Factors by Service Type, FY 04/05

Service Type	Clients Served	% Change from FY 03/04	Average Claim Lines/Client Served (Utilization)	% Change from FY 03/04	Average Reimbursement/Claim Line (Cost)	% Change from FY 03/04
Clinician	1,452,339	1%	2.72	-3%	\$29.86	-2%
Laboratory	1,276,973	0%	4.83	-6%	\$17.69	2%
Drug & Supply	1,210,242	-5%	3.26	1%	\$47.87	6%
Pharmacy	625,887	3%	3.02	0%	\$59.62	5%
Clinician Provider	756,784	-4%	2.71	5%	\$37.06	7%
Total	1,582,664	2%	8.89	-5%	\$29.57	4%

Source: Family PACT Claims Data

Figure 8-8 illustrates monthly changes in the cost factors affecting Family PACT reimbursement patterns. Monthly reimbursement per client for laboratory services stabilized in FY 04/05 following sharp declines in FY 03/04. Monthly reimbursement per client for drug and supply services has continued to show increases, for both clinicians and pharmacies. Monthly reimbursement per client for clinician services was relatively stable in FY 04/05.

Figure 8-8
Average Monthly Family PACT Reimbursement per Client Served by Service Type



Source: Family PACT Claims Data

Laboratory Services

The 4% decline in spending for laboratory services in FY 04/05 was much smaller than last year's 17% decrease. This year's decline was the result of a 6% decrease in utilization, measured by the number of lab tests per client. The number of clients receiving lab tests was relatively unchanged and the cost per claim line actually increased by 2%. Overall, reimbursement for laboratory services began to slow down in FY 02/03, when spending increased by a relatively low 7%, and has been declining for the past two years.

While reimbursement for laboratory services declined again in FY 04/05, the composition of laboratory services changed little from previous years. Sixty-nine percent (69%) of laboratory expenditures were for STI tests, similar to last year's 67%. The majority of STI tests were for gonorrhea (GC) and/or chlamydia (CT), which made up 62% of all laboratory tests. Cervical cancer screening was again second in terms of laboratory expenditures, representing 16% of all laboratory spending. The biggest change in laboratory expenditures was the sharp decline in spending for pregnancy tests (-18%) and method related lab tests (-30%). See Figure 8-9.

Drug and Supply Services

For the second consecutive year the only service category to show an increase in reimbursement was drug and supply services; however, this year's growth rate of 8% was about half the rates observed in the prior three years (15-18%). The growth in reimbursement was due to a combination of a 1% increase in drug and supply claim lines per client and a 6% increase in reimbursement per claim line, partially offset by a 5% decline in the number of clients receiving drug and supply services. Overall growth in drug and supply services was primarily driven by three contraceptive drugs: the ring, the patch, and ECPs. Reimbursement for the ring still maintains the highest growth rate (77%), followed by the patch (43%) and ECPs (34%). These three contraceptives combined now make up 29% of all drug and supply services, up from 22% in FY 03/04 and 8% in FY 02/03.

As was the case in FY 03/04, sharp increases in the use of the patch and ring in FY 04/05 continued to alter the makeup of drug and supply expenditures. Eighty percent (80%) of all paid claims were for contraceptive drugs, up from 77% the previous year. Six percent (6%) of paid claims were for barrier methods and supplies, down from 7% last year, and 14% were for non-contraceptive drugs, down from 16% last year year. Reimbursement for oral contraceptives continued to decline as a percentage of all drug and supply services, from 41% in FY 03/04 to 39% in FY 04/05. This percentage decline is likely attributable to a continued shift from oral contraceptives to the patch or the ring. See Figure 8-10.

Figure 8-9
Family PACT Laboratory Services, FY 04/05

Laboratory Test	Reimbursement		
	Amount	% of Total	% Chg from FY03/04
STI Tests	\$75,296,648	69%	-1%
CT	\$34,727,705	32%	-1%
GC	\$32,474,633	30%	-2%
HIV	\$4,570,550	4%	-3%
Syphilis	\$1,727,769	2%	-1%
HPV	\$960,977	1%	-5%
GC/CT Combined	\$664,185	1%	-9%
HSV	\$151,667	<1%	46%
Other STI Tests	\$19,162	<1%	-36%
Pap Tests	\$17,488,647	16%	-3%
Pregnancy Test	\$4,391,007	4%	-18%
Method Related Tests	\$4,629,672	4%	-30%
Prolactin	\$270,797	0%	-77%
Urinalysis	\$978,468	1%	-29%
FSH	\$221,001	<1%	-47%
Other Method Related Tests	\$3,159,406	3%	-7%
Speciman Handling Fees	\$1,102,287	1%	-5%
Other Laboratory Tests	\$6,274,036	4%	6%
Laboratory Services Total	\$109,182,296	100%	-4%

Source: Family PACT Claims Data

Figure 8-10
Family PACT Drug & Supply Services FY 04/05

Reimbursement by Provider Type	Reimbursement		
	Amount	% of Total	% Chg From FY 03/04
Clinician	\$76,093,913	40%	8%
Pharmacy	\$112,573,164	60%	8%
Total	\$188,667,077	100%	8%
Reimbursement by Provider Type	Reimbursement		
	Amount	%	% Chg From FY 03/04
Contraceptive Drugs			
OCs	\$73,868,462	39%	2%
Patches	\$42,451,961	23%	43%
Injections	\$17,522,605	9%	-7%
IUC	\$4,911,462	3%	10%
ECPs	\$6,787,186	4%	34%
Rings	\$5,175,820	3%	77%
Implants	\$5,925	<1%	23%
Subtotal	\$150,723,421	80%	13%
Barrier Methods and Supplies	\$10,913,824	6%	-16%
Non-Contraceptive Drugs	\$27,029,832	14%	-4%
Total Reimbursement for Drug & Supply Services	\$188,667,077	100%	8%

Source: Family PACT Claims Data

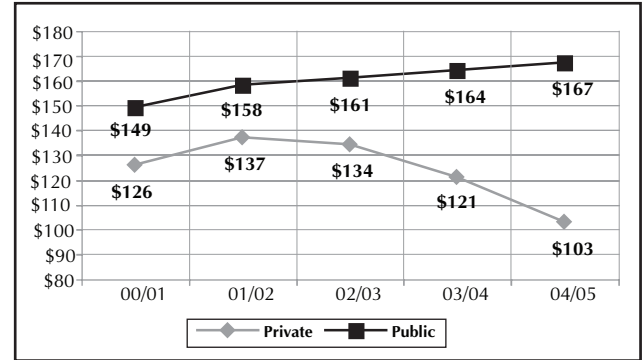
Clinician Services

Reimbursement for clinician services decreased for the second year in a row in FY 04/05 (-4%), with the decline this year driven by a drop in both claim lines per client (-3%) and reimbursement per claim line (-2%). The effect of these declines was mitigated by the 1% increase in clients receiving clinician services in FY 04/05. On average, clinicians saw a slightly higher number of clients in FY 04/05, but billed fewer claims at an average lower cost.

Total reimbursement to clinician providers delivering Family PACT services continues to become more and more heavily weighted toward public providers. Seventy-five percent (75%) of reimbursement went to public providers in FY 04/05, while only 25% went to private providers. This continued the trend seen last year and represented a stark change from FY 02/03 when 39% of total reimbursement to clinician providers went to private providers. Public providers served 66% of all clients, while private providers served 36% of all clients.⁴ These changes are a result of continued declines in the number of clients served by private providers (-8%), coupled with continued, steady growth in the number of clients served by public providers (8%).

In addition to differences in clients served by provider sector, there is a growing discrepancy in reimbursement per client served between public and private providers. The average reimbursement per client for public providers (\$167) was 62% higher than the average reimbursement per client for private providers (\$103), up from a 36% difference last year. Some of this difference is due to public providers having been more likely than private providers to provide drug and supply services on-site instead of referring clients to a pharmacy; however the decline in reimbursement per client for private providers cannot be ignored. The average reimbursement per client for private providers declined by 15% (from \$121 to \$103) in FY 04/05 after declining by 10% last fiscal year. Conversely, the average reimbursement per client for public providers increased by 2% (from \$164 to \$167) for the second year in a row. See Figure 8-11.

Figure 8-11
Family PACT Reimbursement per Client
Served by Provider Type

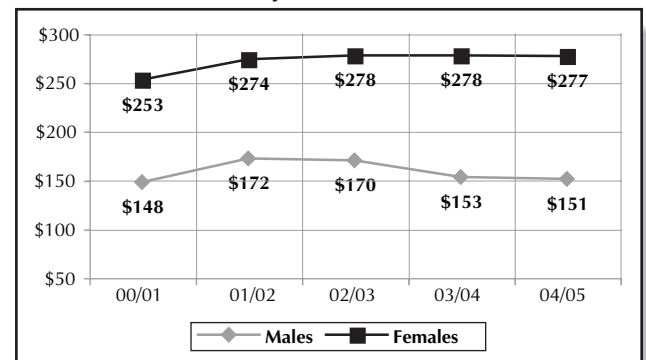


Source: Family PACT Claims Data

Reimbursement for Males vs. Females

Males as a proportion of all clients remained at 11% in FY 04/05, the same as last fiscal year and down from 13% in FY 02/03. Total reimbursement for males remained unchanged at \$26.6 million in FY 04/05, while total reimbursement for females increased by 1%. Average reimbursement per male client declined by 2%, from \$153 in FY 03/04 to \$151 in FY 04/05. For females, average reimbursement per client declined by 1%, from \$278 in FY 03/04 to \$277 in FY 04/05. See Figure 8-12. As a result of these relatively small changes, the proportion of reimbursement spent on males remained steady at 6%. The number of claim lines per client declined for both males and females.⁵

Figure 8-12
Family PACT Reimbursement per Client
Served by Males vs Females



Source: Family PACT Claims Data

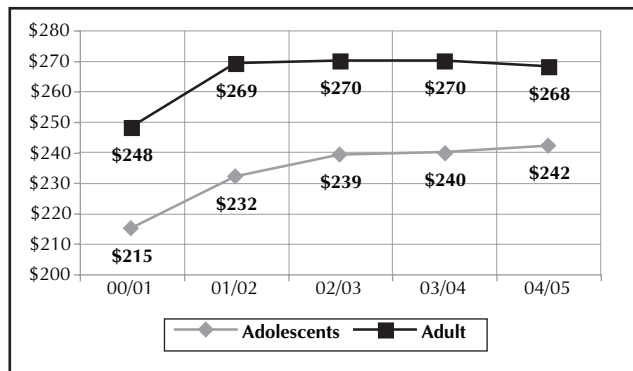
⁴ This includes clients served by all clinician providers delivering Family PACT services. The percentages add to more than 100% because 2% of clients were served both by public providers and by private providers.

⁵ Claim lines per male client decreased from 6.4 to 6.3. Claim lines per female client decreased from 9.7 to 9.2.

Reimbursement for Adolescents vs. Adults

Reimbursement for adolescents – who are 20% of the Family PACT population - remained constant at around 18%. The average reimbursement per adolescent client rose by 1% from \$240 in FY 03/04 to \$242 in FY 04/05, while the average reimbursement per adult client fell by 1% from \$270 in FY 03/04 to \$268 in FY 04/05. See Figure 8-13. The average reimbursement for clients aged 18-19 was \$258; whereas the average reimbursement for clients less than 18 years of age was \$222. The rate of increase for average reimbursement per client was 1% or less for each of these two adolescent age groups.

Figure 8-13
Family PACT Reimbursement per Client
Served by Adolescents vs Adults



Source: Family PACT Claims Data

County Populations

There is considerable geographic variation in Family PACT data, reflecting the great diversity of the State. County populations vary from 10.2 million in Los Angeles County to 1,242 in Alpine County. Los Angeles County contains 28% of the California population¹ and 34% of the State's population with a family income below the Federal Poverty Level.² In FY 04/05, Los Angeles County accounted for 36% of all Family PACT clients, 46% of all enrolled providers and 37% of all reimbursements.

On the list of top ten counties, there have been changes from the previous year. Contra Costa County replaced Ventura County as tenth on the list and Ventura County moved to eleventh position. Sacramento County and Fresno County switched positions, with Sacramento County moving up to seventh position and Fresno County moving down to ninth position. Despite moving off or lower on the list Ventura and Fresno Counties still saw increases in the number of clients served. Los Angeles County remains at the top of the list, but the percentage of Family PACT clients served in Los Angeles County dropped from 38% to 36% in FY 04/05. The top ten counties accounted for 74% of clients served, 77% of enrolled providers and 74% of total reimbursement. See Figure 9-1.

Figure 9-1
Participation in Family PACT: Top Ten Counties
FY 04/05

	Number of Clients Served ^a	Clients Served in County as Percentage of Total Clients Served
	Number	Percentage
California State	1,582,664	
County:		
1 Los Angeles	572,018	36.1%
2 San Diego	127,823	8.1%
3 Orange	118,297	7.5%
4 San Bernardino	71,786	4.5%
5 Riverside	67,439	4.3%
6 Santa Clara	50,006	3.2%
7 Sacramento	44,534	2.8%
8 Alameda	43,509	2.7%
9 Fresno	42,875	2.7%
10 Contra Costa	32,086	2.0%
Top Ten Subtotal:	1,170,373	73.9%

^a Based on county of client residence.

Source: Family PACT Claims Data

Five counties had fewer than 500 clients each: Trinity, Alpine, Modoc, Mariposa, and Sierra. One county – Alpine – had no enrolled provider delivering services and six (Inyo, Mariposa, Mono, San Benito, Sierra, and Trinity) had only one.

Client Growth Rates

Between FY 03/04 and FY 04/05, the county showing the most growth in the number of clients was Lake County, which increased its number of clients served by 18%.³ Nine counties⁴ showed declines in clients served, including Los Angeles County, which experienced a 4% reduction. Over a five-year period, three counties⁵ increased by 70% or more in the number of clients served. The most populous of those counties, Kings County, has seen growth in clients served of 102% since FY 00/01. Although Los Angeles County declined between FY 03/04 and FY 04/05, the five year trend showed a 7% increase in clients. Six counties⁶ showed declines in clients when compared to FY 00/01.

Among the large urban areas – the Los Angeles/San Diego corridor, the San Francisco Bay Area and Sacramento – Sacramento showed the most growth between FY 03/04 and FY 04/05 with a 14% increase in the number of clients served. The San Francisco Bay Area increased by 7% with the largest growth being in Contra Costa and Alameda Counties. In the Los Angeles and San Diego area, the overall number of clients decreased by 1% with a decline of 4% number of clients served in Los Angeles. Elsewhere in that area, the number of clients served increased. See Figure 9-2.

1 California Current Population Survey Report, March 2005, Data, Department of Finance

2 American Community Survey, 2004, US Census Bureau

3 Due to evidence of errors in the recording of client county of residence, only counties serving over 1,000 clients were considered reliable enough for discussion. Ten counties served fewer than 1000 clients: Alpine, Amador, Del Norte, Inyo, Mariposa, Modoc, Mono, Plumas, Sierra, and Trinity.

4 Calaveras, Colusa, Lassen, Los Angeles, Modoc, Napa, Nevada, San Benito and Sierra.

5 Kings, Lake, and Sutter.

6 Amador, Calaveras, Glenn, Inyo, Napa, and Nevada.

Figure 9-2
Trend of Family PACT Clients Served in Large Urban Areas,
FY 03/04 through FY 04/05

Urban Area	County of Client Residence	FY 03/04	FY 04/05	% change over FY 03/04
San Francisco Bay Area	Alameda	39,894	43,509	9%
	Contra Costa	29,221	32,086	10%
	Marin	8,659	8,939	3%
	San Francisco	26,124	27,861	7%
	San Mateo	22,458	22,753	1%
	Subtotal	126,356	135,148	7%
Los Angeles/San Diego Corridor	Los Angeles	594,152	572,018	-4%
	Orange	117,374	118,297	1%
	Riverside	61,507	67,439	10%
	San Diego	125,113	127,823	2%
	Subtotal	898,146	885,577	-1%
Sacramento	Sacramento	39,220	44,534	14%

Source: Family PACT Claims Data

Client Demographics

Client demographics varied across counties. Males as a percentage of all clients ranged from a high of 16% in San Luis Obispo County to a low of 4% in Mono County. Males comprised 13% of all clients in Los Angeles County, where the average age of males was among the highest at 30 years. The proportion of adolescent clients ranged from a high of 39% in Nevada County to a low of 14% in Los Angeles County. Among large counties – those serving over 20,000 clients – the highest proportion of adolescent clients were observed in Contra Costa County (29%), Sacramento (27%), San Joaquin County (27%), San Mateo County (26%) and Sonoma County (26%). The proportion of clients who identified themselves as Latino ranged from over 80% in Imperial, Monterey and Tulare Counties to 10% or less in Tuolumne, Shasta, and Trinity Counties. Seventy-seven percent (77%) of clients in Los Angeles County identified themselves as Latino. See Figure 9-3.

Provider Sector

The proportion of private and public providers varied widely across counties. The counties with the highest proportion of active private providers were in southern California: Orange (89%), San Bernardino (88%), Los Angeles (85%) and Riverside (73%). Eleven counties had only one private provider and 17 had no enrolled private provider delivering services in FY 04/05. See Figure 9-4. As was true in FY 03/04, 32 counties had 25% or more of their providers in the private sector in FY 04/05. The counties with the highest proportion of client residents served by private providers were Los Angeles (67%), Orange (60%), Alpine (53%), and San Bernardino (51%).

Reimbursement Patterns

Reimbursement per county was closely related to the number of clients served. See Figure 9-4. Los Angeles County received the highest reimbursement, at \$153 million, while Lassen County received the lowest at \$329,011.⁷ Reimbursement per client ranged from \$207 to \$347 among counties. The five counties with the highest reimbursement per client were Shasta (\$347), Colusa (\$312), Glenn (\$302), Ventura (\$300) and Butte (\$296). Los Angeles County continued to drop in per client reimbursement rank from eleventh in FY 03/04 to twenty-fourth in FY 04/05 with per client reimbursement of \$268. The five counties with the lowest reimbursement per client were Imperial (\$207), Kern (\$223), San Benito (\$232), San Joaquin (\$232), and Lassen (\$236).

⁷ Counties with fewer than 1000 clients served were excluded from analysis.

Figure 9-3
County Data: Family PACT Client Demographics,^a FY 04/05

Client County	Average Age of Clients Served	Number of Adolescents Served & Adolescents as a Percentage of Total Clients Served		Number of Males Served & Males as a Percentage of Total Clients Served		Clients Served by Race/Ethnicity										Clients Served by Primary Language					
						Latino		White		African American		Asian, Filipino, & Pacific Islander		Native American & Other		Spanish		English		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
California State	26.8	306,687	19%	176,209	11%	1,020,157	64%	318,711	20%	93,267	6%	103,831	7%	46,690	3%	790,594	50%	716,687	45%	75,374	5%
Alameda	25.7	10,486	24%	4,123	9%	18,277	42%	8,449	19%	8,431	19%	5,902	14%	2,449	6%	14,346	33%	25,731	59%	3,432	8%
Alpine ^b	26.5	75	24%	35	11%	140	45%	35	11%	88	28%	16	5%	35	11%	107	34%	95	30%	112	36%
Amador	24.0	310	34%	63	7%	251	28%	529	58%	40	4%	45	5%	45	5%	179	20%	693	76%	38	4%
Butte	24.1	3,955	27%	1,562	11%	2,449	17%	10,613	72%	337	2%	541	4%	715	5%	1,392	9%	12,797	87%	466	3%
Calaveras	25.1	475	29%	171	11%	756	47%	670	41%	100	6%	38	2%	60	4%	603	37%	944	58%	77	5%
Colusa	28.2	198	16%	62	5%	971	77%	202	16%	14	1%	32	3%	39	3%	825	66%	390	31%	43	3%
Contra Costa	24.5	9,204	29%	3,077	10%	14,505	45%	9,619	30%	3,650	11%	2,627	8%	1,685	5%	11,006	34%	19,401	60%	1,679	5%
Del Norte	23.5	318	36%	45	5%	213	24%	564	64%	6	1%	23	3%	72	8%	155	18%	704	80%	19	2%
El Dorado	25.0	1,266	27%	459	10%	1,262	27%	3,047	66%	51	1%	148	3%	115	2%	1,027	22%	3,493	76%	103	2%
Fresno	25.5	9,519	22%	5,392	13%	28,688	67%	8,216	19%	2,650	6%	2,121	5%	1,200	3%	16,064	37%	25,330	59%	1,481	3%
Glenn	26.5	308	21%	73	5%	833	57%	536	37%	22	2%	21	1%	39	3%	663	46%	761	52%	27	2%
Humboldt	24.8	2,581	24%	1,672	15%	1,169	11%	8,159	76%	179	2%	279	3%	1,008	9%	669	6%	9,891	92%	234	2%
Imperial	25.9	1,379	24%	523	9%	5,140	91%	335	6%	73	1%	68	1%	62	1%	3,018	53%	2,574	45%	86	2%
Inyo	26.6	169	23%	58	8%	381	52%	309	42%	5	1%	10	1%	28	4%	338	46%	388	53%	7	1%
Kern	26.1	6,652	22%	2,960	10%	20,261	67%	7,314	24%	1,369	5%	765	3%	591	2%	13,615	45%	15,961	53%	724	2%
Kings	25.8	1,712	27%	638	10%	4,439	71%	1,260	20%	228	4%	197	3%	162	3%	2,542	40%	3,629	58%	115	2%
Lake	25.0	458	34%	56	4%	333	24%	927	68%	14	1%	29	2%	63	5%	230	17%	1,092	80%	44	3%
Lassen	24.8	449	32%	129	9%	505	36%	713	51%	54	4%	70	5%	55	4%	392	28%	946	68%	59	4%
Los Angeles	28.5	79,377	14%	76,850	13%	439,968	77%	45,643	8%	38,029	7%	35,646	6%	12,731	2%	365,712	64%	172,889	30%	33,414	6%
Madera	25.5	1,751	25%	651	9%	5,578	79%	1,037	15%	180	3%	137	2%	119	2%	3,679	52%	3,211	46%	161	2%
Marin	26.3	2,067	23%	835	9%	4,443	50%	3,406	38%	264	3%	378	4%	448	5%	4,078	46%	4,458	50%	403	5%
Mariposa	26.0	56	21%	26	10%	88	34%	142	54%	6	2%	11	4%	14	5%	71	27%	180	69%	10	4%
Mendocino	25.6	1,094	26%	332	8%	1,485	35%	2,504	59%	25	1%	63	1%	174	4%	1,193	28%	3,013	71%	45	1%
Merced	25.3	2,948	26%	1,315	11%	8,369	72%	2,116	18%	433	4%	365	3%	266	2%	5,522	48%	5,818	50%	209	2%
Modoc	24.9	92	32%	19	7%	83	28%	184	63%	6	2%	6	2%	13	4%	64	22%	218	75%	10	3%
Mono	26.9	126	15%	31	4%	377	44%	426	50%	8	1%	16	2%	26	3%	332	39%	493	58%	28	3%
Monterey	26.7	3,603	18%	1,332	7%	15,888	80%	2,557	13%	355	2%	653	3%	385	2%	12,682	64%	6,418	32%	738	4%
Napa	26.8	1,603	20%	849	10%	5,942	72%	1,739	21%	69	1%	171	2%	281	3%	5,206	63%	2,689	33%	307	4%
Nevada	23.5	893	39%	146	6%	469	20%	1,755	76%	14	1%	28	1%	46	2%	392	17%	1,879	81%	41	2%
Orange	27.6	17,801	15%	11,550	10%	84,819	72%	20,106	17%	1,317	1%	9,093	8%	2,962	3%	73,395	62%	39,076	33%	5,826	5%
Placer	24.6	1,605	27%	559	9%	1,752	29%	3,772	63%	79	1%	208	3%	172	3%	1,406	23%	4,367	73%	210	4%
Plumas	24.3	309	32%	74	8%	179	18%	715	73%	21	2%	17	2%	41	4%	118	12%	839	86%	16	2%
Riverside	26.0	14,713	22%	5,459	8%	46,687	69%	13,753	20%	3,441	5%	2,183	3%	1,375	2%	33,171	49%	32,593	48%	1,675	2%
Sacramento	24.4	11,827	27%	5,945	13%	14,719	33%	16,460	37%	6,781	15%	4,406	10%	2,168	5%	9,244	21%	32,552	73%	2,738	6%
San Benito	25.7	560	24%	136	6%	1,780	76%	418	18%	32	1%	44	2%	68	3%	1,171	50%	1,125	48%	46	2%
San Bernardino	26.2	15,635	22%	6,523	9%	49,164	68%	12,992	18%	5,999	8%	2,034	3%	1,597	2%	33,179	46%	37,305	52%	1,302	2%
San Diego	25.5	28,375	22%	11,899	9%	69,394	54%	37,336	29%	6,910	5%	9,328	7%	4,855	4%	49,334	39%	73,690	58%	4,799	4%
San Francisco	27.1	4,419	16%	1,687	6%	9,354	34%	7,204	26%	2,629	9%	7,021	25%	1,653	6%	7,121	26%	15,896	57%	4,844	17%
San Joaquin	24.9	7,218	27%	2,469	9%	16,028	59%	6,242	23%	1,952	7%	2,155	8%	850	3%	10,725	39%	15,428	57%	1,074	4%
San Luis Obispo	23.6	3,814	29%	2,093	16%	3,494	27%	8,427	65%	193	1%	485	4%	385	3%	2,245	17%	10,534	81%	205	2%
San Mateo	25.6	5,815	26%	2,288	10%	13,810	61%	4,047	18%	993	4%	2,997	13%	906	4%	11,114	49%	10,345	45%	1,294	6%
Santa Barbara	25.6	4,282	21%	1,842	9%	12,456	62%	6,056	30%	294	1%	779	4%	536	3%	9,433	47%	10,200	51%	488	2%
Santa Clara	25.3	11,763	24%	4,996	10%	30,711	61%	8,942	18%	1,945	4%	6,699	13%	1,709	3%	20,789	42%	25,945	52%	3,272	7%
Santa Cruz	26.0	3,476	22%	1,617	10%	8,923	55%	5,927	37%	198	1%	569	4%	540	3%	7,214	45%	8,625	53%	318	2%
Shasta	23.5	2,695	33%	874	11%	720	9%	6,604	81%	114	1%	293	4%	390	5%	320	4%	7,589	93%	212	3%
Sierra	24.7	48	30%	10	6%	59	37%	83	52%	4	3%	11	7%	3	2%	45	28%	107	67%	8	5%
Siskiyou	24.5	410	31%	109	8%	183	14%	1,006	76%	22	2%	53	4%	57	4%	118	9%	1,180	89%	23	2%
Solano	24.0	3,676	32%	1,230	11%	4,430	38%	3,259	28%	1,851	16%	1,446	13%	521	5%	3,165	28%	7,869	68%	473	4%
Sonoma	25.2	5,641	26%	2,468	11%	10,107	47%	9,737	45%	384	2%	714	3%	703	3%	8,472	39%	12,670	59%	503	2%
Stanislaus	24.8	5,120	26%	1,748	9%	12,157	61%	5,823	29%	522	3%	710	4%	602	3%	8,225	42%	11,089	56%	500	3%
Sutter	24.8	1,131	27%	328	8%	1,884	46%	1,639	40%	85	2%	302	7%	211	5%	1,325	32%	2,555	62%	241	6%
Tehama	24.8	639	28%	166	7%	848	38%	1,310	58%	12	1%	27	1%	64	3%	673	30%	1,561	69%	27	1%
Trinity	25.6	154	32%	54	11%	24	5%	409	86%	2	0%	7	1%	33	7%	12	3%	451	95%	12	3%
Tulare	26.7	3,207	18%	1,450	8%	14,403	80%	2,743	15%	163	1%	346	2%	340	2%	10,112	56%	7,616	42%	267	1%
Tuolumne	23.4	477	34%	129	9%	142	10%	1,191	84%	7	1%	25	2%	55	4%	58	4%	1,354	95%	8	1%
Ventura	26.9	6,013	19%	4,175	13%	24,063	76%	6,047	19%	371	1%	765	2%	535	2%	19,058	60%	12,233	38%	490	2%
Yolo	24.0	1,992	29%	616	9%	3,393	50%	2,281	34%	170	3%	605	9%	328	5%	2,334	34%	4,156	61%	287	4%
Yuba	24.7	748	28%	231	9%	1,211	45%	1,176	44%	76	3%	103	4%	105	4%	916	34%	1,651	62%	104	4%

a County data excludes eight clients for whom county of residence and other demographic data were unknown.

b Due to evidence of errors in the recording of client county of residence, only data in counties serving over 1,000 clients are considered reliable.

Source: Family PACT Claims Data

Figure 9-4
County Data: Family PACT Providers, Clients and Reimbursement, FY 04/05

	Enrolled Clinician Providers and Participating Pharmacies					Clients			Reimbursement by County			Projected population of residents within Family PACT age range ^c
Provider County	Enrolled Clinician Providers Delivering Family PACT Services				Participating Pharmacies	Clients Served ^{a, b}		Reimbursement ^{a, b}		Average Reimbursement per Client Served		
	Private Sector No.	Public Sector No.	Total No.	%		No.	%	Amount	%			
										Amount		
California	1336	710	2,046	100%	4,579	1,582,664	100%	\$415,932,531	100%	\$263	24,211,186	
Alameda	12	25	37	1.8%	158	43,509	2.7%	\$11,046,095	2.7%	\$254	1,052,110	
Alpine	0	0	0	0.0%	0	314	0.0%	\$73,148	0.0%	\$233	910	
Amador	1	3	4	0.2%	8	910	0.1%	\$176,111	0.0%	\$194	23,762	
Butte	4	11	15	0.7%	34	14,655	0.9%	\$4,342,974	1.0%	\$296	139,646	
Calaveras	1	1	2	0.1%	6	1,624	0.1%	\$416,119	0.1%	\$256	26,985	
Colusa	1	2	3	0.1%	4	1,258	0.1%	\$392,520	0.1%	\$312	13,471	
Contra Costa	1	19	20	1.0%	115	32,086	2.0%	\$8,618,580	2.1%	\$269	677,887	
Del Norte	0	3	3	0.1%	6	878	0.1%	\$239,502	0.1%	\$273	19,396	
El Dorado	1	5	6	0.3%	23	4,623	0.3%	\$1,108,705	0.3%	\$240	114,003	
Fresno	39	27	66	3.2%	130	42,875	2.7%	\$11,016,544	2.6%	\$257	579,214	
Glenn	0	3	3	0.1%	4	1,451	0.1%	\$437,875	0.1%	\$302	17,596	
Humboldt	5	12	17	0.8%	25	10,794	0.7%	\$2,918,539	0.7%	\$270	88,228	
Imperial	3	7	10	0.5%	20	5,678	0.4%	\$1,173,877	0.3%	\$207	105,693	
Inyo	0	1	1	0.0%	4	733	0.0%	\$212,597	0.1%	\$290	11,105	
Kern	16	28	44	2.2%	92	30,300	1.9%	\$6,757,164	1.6%	\$223	471,106	
Kings	10	17	27	1.3%	16	6,286	0.4%	\$1,757,572	0.4%	\$280	98,023	
Lake	1	2	3	0.1%	13	1,366	0.1%	\$345,141	0.1%	\$253	38,414	
Lassen	0	2	2	0.1%	3	1,397	0.1%	\$329,011	0.1%	\$236	26,912	
Los Angeles	790	142	932	45.6%	1,366	572,018	36.1%	\$153,344,311	36.9%	\$268	6,608,872	
Madera	5	10	15	0.7%	20	7,051	0.4%	\$1,994,279	0.5%	\$283	87,471	
Marin	0	5	5	0.2%	27	8,939	0.6%	\$2,580,811	0.6%	\$289	162,024	
Mariposa	0	1	1	0.0%	2	261	0.0%	\$68,250	0.0%	\$261	11,378	
Mendocino	3	9	12	0.6%	18	4,251	0.3%	\$1,103,201	0.3%	\$260	58,133	
Merced	5	11	16	0.8%	27	11,549	0.7%	\$2,978,717	0.7%	\$258	156,671	
Modoc	0	2	2	0.1%	1	292	0.0%	\$70,616	0.0%	\$242	5,883	
Mono	0	1	1	0.0%	2	853	0.1%	\$286,273	0.1%	\$336	9,784	
Monterey	5	17	22	1.1%	46	19,838	1.3%	\$4,835,548	1.2%	\$244	283,010	
Napa	1	4	5	0.2%	17	8,202	0.5%	\$1,997,856	0.5%	\$244	84,473	
Nevada	1	4	5	0.2%	11	2,312	0.1%	\$613,574	0.1%	\$265	63,645	
Orange	148	19	167	8.2%	400	118,297	7.5%	\$31,942,614	7.7%	\$270	2,036,558	
Placer	1	2	3	0.1%	52	5,983	0.4%	\$1,553,171	0.4%	\$260	191,339	
Plumas	0	3	3	0.1%	6	973	0.1%	\$284,342	0.1%	\$292	12,716	
Riverside	62	23	85	4.2%	223	67,439	4.3%	\$17,461,270	4.2%	\$259	1,161,015	
Sacramento	24	11	35	1.7%	152	44,534	2.8%	\$11,206,874	2.7%	\$252	916,397	
San Benito	0	1	1	0.0%	5	2,342	0.1%	\$543,334	0.1%	\$232	38,372	
San Bernardino	77	11	88	4.3%	207	71,786	4.5%	\$18,562,630	4.5%	\$259	1,297,735	
San Diego	51	57	108	5.3%	323	127,823	8.1%	\$32,176,684	7.7%	\$252	2,098,465	
San Francisco	4	26	30	1.50%	108	27,861	1.8%	\$7,162,098	1.7%	\$257	556,009	
San Joaquin	6	10	16	0.8%	82	27,227	1.7%	\$6,308,122	1.5%	\$232	428,457	
San Luis Obispo	3	4	7	0.3%	47	12,984	0.8%	\$3,623,800	0.9%	\$279	174,384	
San Mateo	0	7	7	0.3%	62	22,753	1.4%	\$5,336,988	1.3%	\$235	472,537	
Santa Barbara	5	13	18	0.9%	55	20,121	1.3%	\$5,909,835	1.4%	\$294	277,606	
Santa Clara	8	31	39	1.9%	188	50,006	3.2%	\$12,222,934	2.9%	\$244	1,161,598	
Santa Cruz	2	7	9	0.4%	34	16,157	1.0%	\$4,098,933	1.0%	\$254	180,941	
Shasta	0	11	11	0.5%	35	8,121	0.5%	\$2,814,145	0.7%	\$347	110,406	
Sierra	0	1	1	0.0%	2	160	0.0%	\$45,648	0.0%	\$285	2,190	
Siskiyou	1	7	8	0.4%	10	1,321	0.1%	\$385,303	0.1%	\$292	27,369	
Solano	0	5	5	0.2%	37	11,507	0.7%	\$2,836,891	0.7%	\$247	278,957	
Sonoma	5	15	20	1.0%	57	21,645	1.4%	\$5,894,395	1.4%	\$272	317,969	
Stanislaus	10	17	27	1.3%	65	19,814	1.3%	\$5,318,923	1.3%	\$268	329,668	
Sutter	2	4	6	0.3%	13	4,121	0.3%	\$992,349	0.2%	\$241	56,231	
Tehama	1	2	3	0.1%	13	2,261	0.1%	\$647,753	0.2%	\$286	35,981	
Trinity	0	1	1	0.0%	3	475	0.0%	\$124,818	0.0%	\$263	8,240	
Tulare	5	24	29	1.4%	48	17,995	1.1%	\$5,025,981	1.2%	\$279	259,875	
Tuolumne	0	2	2	0.1%	9	1,420	0.1%	\$394,572	0.1%	\$278	36,232	
Unknown	0	0	0	0.0%	13	6	0.0%	\$391	0.0%	\$65	NA	
Ventura	10	12	22	1.1%	106	31,781	2.0%	\$9,547,941	2.3%	\$300	532,170	
Yolo	4	8	12	0.6%	18	6,777	0.4%	\$1,626,014	0.4%	\$240	134,412	
Yuba	2	2	4	0.2%	8	2,671	0.2%	\$648,264	0.2%	\$243	41,565	

a Client counts and reimbursement are by client's county of residence.

b There were six clients for whom county of residence is unknown, accounting for \$391.05 in reimbursement.

c Average of Department of Finance Projected Population for 2004 and 2005: Females ages 13-55 and males ages 13-60. All residents are included regardless of income.

Source: Family PACT Claims Data and State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, CA, May 2004.

Provision of Selected Family PACT Contraceptive Services

Analysis of paid claims data indicates that there are some counties in which certain services have not been reimbursed – specifically the long acting contraceptive methods, IUC, tubal sterilization, and vasectomy services. There were seven counties – including Alpine County, which had no Family PACT provider – in which no providers were reimbursed for IUC procedures, 13 counties in which no providers were reimbursed for tubal sterilization and 22 counties in which no providers were reimbursed for vasectomies. See Figure 9-5. The lack of services may reflect lack of demand by clients, the absence of providers offering the services and/or billing problems.

Emergency Contraceptive Pills (ECP), the contraceptive patch and the vaginal ring are all relatively new benefits of the Family PACT Program⁸ – each with increasing utilization rates. Except for Alpine County, all counties had at least one provider – clinician or pharmacy – who dispensed the patch or the ring. However, there were two counties – Mariposa and Modoc – in which no provider dispensed ECPs.

The number of providers providing ECPs, the patch and the ring was much higher than the number providing the long acting contraceptive methods because pharmacy providers were included. Pharmacies comprised the majority of providers dispensing the patch (94%), the ring (94%) and ECPs (89%). The patch and the ring were most commonly dispensed by pharmacies (76% and 56% of claim lines, respectively), however ECPs are more commonly dispensed on-site by clinician providers. Eighty percent (80%) of all ECP claim lines were from clinicians dispensing on-site. As the effectiveness of emergency contraception is dependent on timely provision, the availability of on-site dispensing of ECP is important. It should be noted that in seven of the 56 counties where ECPs were dispensed there was no on-site dispensing.⁹

Figure 9-5
Provision of Selected Family PACT Services, FY 04/05

Provider County	Number of Providers Reimbursed for Service					
	Vasectomy ^a	Tubal Sterilization ^a	IUC Service ^{a,b}	Patch ^{a,c}	ECP ^a	Ring ^{a,d}
Total California	87	687	1,147	4,210	2,817	2,703
Alameda	1	2	27	145	120	99
Alpine	0	0	0	0	0	0
Amador	0	0	1	7	2	7
Butte	1	3	5	34	17	33
Calaveras	0	0	1	6	3	5
Colusa	0	0	1	4	4	4
Contra Costa	4	1	14	119	69	68
Del Norte	0	3	3	6	5	6
El Dorado	1	5	2	22	12	13
Fresno	6	27	43	121	57	82
Glenn ^e	0	0	2	4	2	4
Humboldt	3	5	11	26	27	24
Imperial	0	5	7	20	15	13
Inyo	0	2	0	4	1	3
Kern	2	14	35	84	41	51
Kings	1	6	8	18	11	16
Lake ^e	0	3	0	13	6	10
Lassen	1	0	1	3	1	3
Los Angeles	29	259	437	1,212	909	696
Madera	0	5	8	21	12	10
Marin	1	2	4	24	24	24
Mariposa	0	0	0	1	0	2
Mendocino	2	7	9	20	15	19
Merced	1	6	10	26	10	12
Modoc	0	0	0	1	0	1
Mono	0	1	1	2	3	2
Monterey	2	4	16	43	33	25
Napa	2	2	4	18	10	12
Nevada	1	2	5	14	12	13
Orange	4	105	98	366	205	238
Placer	1	1	3	40	38	39
Plumas	1	1	2	7	3	7
Riverside	1	28	59	214	117	116
Sacramento	1	10	18	129	81	95
San Benito ^e	0	0	1	5	4	4
San Bernardino	2	34	48	178	105	114
San Diego	4	50	72	290	212	165
San Francisco	1	6	20	101	96	79
San Joaquin	0	7	13	79	27	37
San Luis Obispo	1	1	5	44	31	43
San Mateo	0	1	5	61	45	39
Santa Barbara	1	10	16	58	36	40
Santa Clara	1	2	19	170	98	76
Santa Cruz	1	9	8	29	26	24
Shasta	1	5	6	33	8	33
Sierra ^e	0	0	0	2	1	2
Siskiyou	1	3	4	11	7	9
Solano	0	0	4	38	20	28
Sonoma	2	11	16	58	52	51
Stanislaus	2	14	19	68	37	51
Sutter	0	3	4	13	5	10
Tehama	0	0	1	11	9	9
Trinity ^e	1	1	0	3	1	3
Tulare	1	12	22	48	30	40
Tuolumne ^e	1	0	2	9	6	8
Ventura	1	5	15	97	70	63
Yolo	0	3	10	23	22	21
Yuba ^e	0	1	2	7	4	2

- a Includes enrolled & non-enrolled providers. For the contraceptive patch, the vaginal ring & ECP, also includes pharmacy providers.
b For IUC, includes providers paid for ANY IUC related procedure code (including removals only).
c Excludes 3 pharmacy providers with unknown county.
d Excludes 1 pharmacy provider with unknown county.
e No clinician providers were reimbursed for ECPs, only pharmacies.

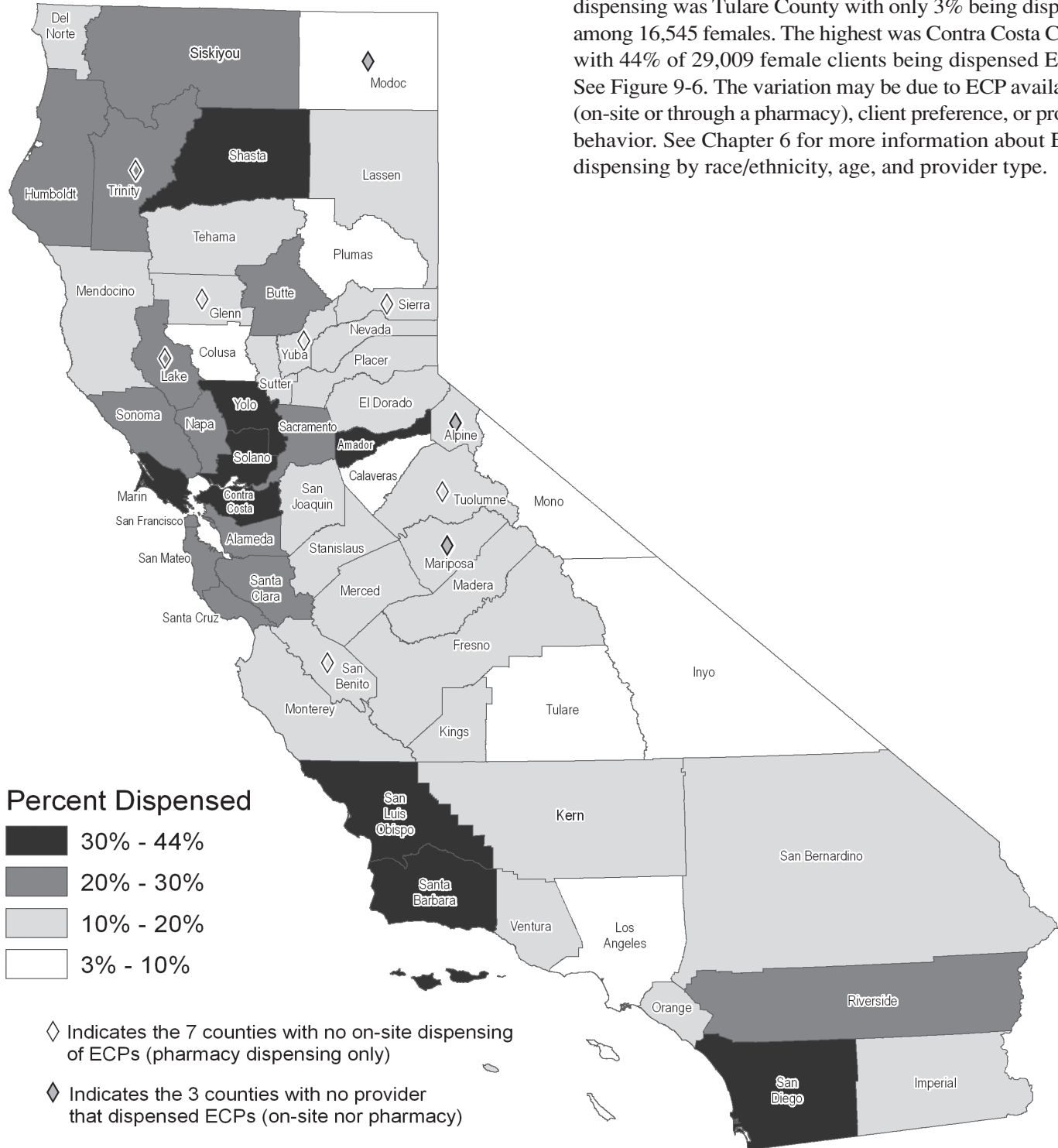
Source: Family PACT Claims Data

⁸ The pre-packaged emergency contraceptive PlanB[®] was added in February, 2001. The Contraceptive Patch and Contraceptive Vaginal Ring were added in November, 2002.

⁹ Glenn, Lake, San Benito, Sierra, Trinity, Tuolumne and Yuba Counties had no on-site dispensing of ECPs.

Figure 9-6
Percent of Female Clients Dispensed
Emergency Contraceptive Pills (ECPs)
through Family PACT, FY 04/05

This year 18% of all female clients were dispensed ECPs; however, there is considerable geographic variation throughout the State. For example, 10% of all female clients were dispensed ECPs in Los Angeles County compared to 36% in San Diego County. The county with the lowest ECP dispensing was Tulare County with only 3% being dispensed among 16,545 females. The highest was Contra Costa County with 44% of 29,009 female clients being dispensed ECPs. See Figure 9-6. The variation may be due to ECP availability (on-site or through a pharmacy), client preference, or provider behavior. See Chapter 6 for more information about ECP dispensing by race/ethnicity, age, and provider type.



Since the implementation of the Family PACT Program in 1997, fertility rates in the State have been declining. In 1996 there were 74 births per thousand women ages 15-44, compared to 69 births per thousand in 2004. More importantly, among adolescents ages 15-19, fertility rates decreased from 60 births per thousand in 1996 to 39 in 2004.¹ In comparison national fertility rates for adolescents were 41 births per thousand in 2004.²

While progress has been significant, the statewide adolescent fertility rate is nearly twice as high as most European countries (particularly western European countries), China, Japan and Canada. Adolescent fertility rates are as low as three births per thousand in Japan, nine in France, fifteen in China and twenty-six in Canada.³ These countries provide an example of the progress that can be achieved.

Although the fertility rate is going down, demographic changes in the State are beginning to reverse the trend in the absolute number of births to adolescents, which declined steadily between 1990 and 2003. California is experiencing a period of rapid expansion in the number of women of reproductive age, in general, and adolescents, in particular. The population of women ages 15-44 in California is projected to increase 3.6 percent between 2005 and 2010, growing from 7.93 million to 8.22 million. The adolescent female population, ages 15-19, is forecasted to peak in 2009 at 1.45 million, or 7 percent higher than in 2005. The adolescent male population is projected to grow 6.2 percent between 2005 and 2010, increasing from 1.43 million to 1.52 million. As a result of this growth, births to California women, ages 15-44, are projected to increase 5.1 percent between 2005 and 2010, when 577,000 births are forecasted to occur. Births to California adolescent females ages 15-19 are projected to increase 3.2 percent during the same five year period, with 53,000 forecasted births in 2010. In light of this demographic shift toward more women of reproductive age in the population the need for family planning becomes more urgent.

One trend suggesting that Family PACT is helping women reduce unintended pregnancy is that of clients served with zero parity. The proportion of clients served who report zero parity on enrollment or recertification increased from 40 percent of the women served in FY 00/01 to 46 percent of women served in FY 04/05. This trend toward serving women before they have given birth has been consistently upward since FY 98/99 and holds true for all ethnic and racial groups.

As the State grows it is important to estimate the number of women in need of publicly funded family planning to determine how much of that need the State has met. The methodology for calculating the percentage of women whose need for publicly funded family planning was met by Family PACT is continually being refined. The most recent revision resulted in a lowering of that estimation. Estimates now show 56 percent of the 1.76 million women in need are receiving family planning services through Family PACT. Among females, ages 13-17, this figure is 37 percent, and has been declining for three years. The declining rate among the younger adolescent females may be partly due to difficulty in keeping pace with the increase in the adolescent population and the shifting racial/ethnic composition of that population.

Despite the lowered estimates for met need there are indications that Family PACT is reaching subpopulations with high fertility rates. The total fertility rate (TFR) in California, or the estimated average number of children each woman is expected to bear in her lifetime is 2.14, but varies by ethnic or racial group. The three groups with the highest TFRs are Latinas at 2.57, Pacific Islanders at 2.37, and Asians at 1.95 children per women.⁴ A relatively high proportion of Family PACT clients served are Latinas (65 percent) and the fastest growing subpopulation within Family PACT are Asian, Filipino, and Pacific Islanders (representing five percent of Family PACT clients in FY 00/01 to seven percent in FY 04/05). Growth among female adolescents of this ethnic/racial group has consistently outpaced growth in any other ethnic subgroup. Thus, the program appears to have reached or have expanded most among the subgroups having the highest number of children per woman.

1 State of California, Department of Finance, Demographic Research Unit, Historical and Projected Births by county, 1990-2013, with Births by Age of Mother and Fertility Rates. Sacramento, California, September 2004.

2 Centers for Disease Control website: <http://www.cdc.gov/nchs/births.htm>.

3 US Census Bureau website. http://www.census.gov/ipc/prod/ipc95-1/ipc95_1j.pdf Accessed April 21, 2006.

4 State of California, Department of Finance, Demographic Research Unit, Historical and Projected Births by County, 2000-2014, <http://www.dof.ca.gov/HTML/DEMOGRAP/NetBirth.HTM>. Website accessed April 20, 2006.

No major benefit or policy change affected the program in FY 04/05. However, a reorganization allowed provider enrollments to be processed more quickly and a backlog in provider enrollments was eliminated. The new provider enrollments may have contributed to a reversal of the decline in males served in FY 03/04. Having reversed that decline, the overall number of clients increased in FY 04/05.

Other changes included the continued growth in the dispensing of the more recently introduced contraceptives. The contraceptive patch, the vaginal ring, and ECPs all showed increased popularity as demonstrated by the percent of clients receiving them. ECPs were dispensed by providers in all but three counties, all of which were rural. There was, however, a notably low level of ECP dispensing in Los Angeles, where fewer than 10% of clients were dispensed the method.

While the number of clients and providers has been leveling off since FY 02/03 so has the total reimbursement in the program, which was \$416 million in FY 04/05.⁵ The small increase seen this year was mainly the result of a small increase in the number of clients served. Overall, reimbursement for drug and supply services increased, while reimbursement for laboratory and clinician services declined. The increase in drug and supply services is partly attributable to an increase in the dispensing of the patch, the ring, and ECPs, as well as a shift toward pharmacy dispensing, which tends to be more expensive than on-site dispensing. Reimbursement per client, which includes not just pregnancy prevention, but cervical cancer screening and testing for STIs, remained stable at \$265. By comparison, each averted pregnancy saves public costs of \$5,431 in medical, welfare, and other social services for a woman and child up to two years after birth and \$10,508 up to five years after birth.⁶

While the program has shown significant accomplishments, improvements could still be made. Outreach efforts are needed to increase the number of clients served, particularly adolescents. At a time of rapid expansion in the population of women in their reproductive years, eligible residents need to know about the program. Attention should also be given to reaching and retaining Asian and Pacific Islanders, who are still underrepresented as group. Due to the tremendous diversity in the State, cultural competence is of continued importance and the program would benefit by educating providers on its specific expectations in the area. The relatively low level of dispensing of ECPs in Los Angeles County, where 36 percent of clients reside, is worthy of exploration, along with the continued decline in method dispensing to males. Continued efforts to expand and improve the program will help reduce the number of unplanned pregnancies among Californians who have no other resource for family planning and reproductive health care.

⁵ Not including any drug rebates received by the State.

⁶ Amaral, G. and Greene D., Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2002.